

THEOLOGICAL EDUCATION IN A CLINICAL SETTING

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## ABSTRACT

The principal objective of this thesis is to study the effect upon participating students of hospital-based courses taught within the Department of Christian Ethics and Practical Theology at Edinburgh University. A historical introduction traces the development of the teaching of practical theology in Edinburgh from 1846 until 1971, by which time three full-time hospital chaplains were associated with the department with responsibilities for developing the above courses. After a 'Theological Note' which examines the theological issues important in the historical development, other factors are suggested which created an environment favourable to this new approach to pastoral education.

Empirical data is provided relating to the week-long Easter Vacation hospitals conference for the Practical Theology I class in two separate years and for extended fieldwork placements which form part of Practical Theology III and the Diploma and Certificate in Pastoral Studies. Using the Theological School Inventory it was possible to identify theologically conservative and liberal groups within the Practical Theology I class. A 40-item Attitude Inventory enabled attitude change as a result of participation in the conference to be measured on four dimensions, viz. hospitals, ministry, psychiatry and ethical issues. Data is provided both for the whole group and the theologically differing sub-groups. Content Analysis of Students' essays provides further information regarding reaction to the conference.



Research into the extended fieldwork placements focuses upon change in styles of pastoral counselling resulting from participation in the relevant courses. The method used is to identify and classify the counselling responses of students to tape-recordings of simulated pastoral counselling interviews, a method devised by Strupp and modified by Campbell. Change in counsellor response is related to personality and other biographical factors. The thesis is followed by a Postscript which discusses two issues of a more theoretical nature, "The Hospital as an Arena of Theological Education" and "The Theological Integrity of Pastoral Counselling".

## PREFACE

This thesis arises out of seven years' experience of supervising divinity students in hospital placements. The life of a large hospital in a university city revolves around the triple disciplines of patient care, teaching and research, activities integral to the task of both medical and paramedical professions. This present work was undertaken in the conviction that a hospital chaplaincy with an associated educational component should also be undergirded by research. The original intention was to undertake a study of models of theological education. As it happened this did not turn out to be the main thrust of the investigation, the structure of the thesis being shaped by the relatively easy access to data arising from the involvement of students in hospital-based courses. A great personal debt is owed to the late Professor James C. Blackie, Professor of Christian Ethics and Practical Theology in the University of Edinburgh from 1966 until his too-early death ten years later. He both suggested the topic as one worthy of investigation and gave generously of himself as a supervisor. He epitomised a style of ministry which had a profound influence upon many who knew him as a minister and as a man; his contribution to education for the ministry was immense.

The work described was carried out between 1974 and 1979 in addition to the demands of a full-time hospital chaplaincy and a part-time teaching appointment in the Faculty of Divinity. Hopefully each of these activities has both contributed to and gained from the others. It is at the completion of such a project that one becomes especially

aware of one's enormous debt of gratitude to the many people who have provided practical assistance and personal support. I therefore wish to express my thanks to the following people without whom it would not have been possible to carry out this research. (Any errors in design or in the drawing of conclusions are of course my own):

Professor Henry Walton and Dr. Alastair Campbell, my supervisors, from whom I received constant support and encouragement at all stages of the research.

Rev. Murray Leishman and Rev. Stewart M'Gregor, colleagues and friends, with whom a close working relationship has been a constant source of stimulation and ideas; and in particular for their assistance with the administration of tests during the Practical Theology I Conference in 1976 while I was on study leave in the United States.

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The officers of the Church of Scotland Home Board and the North Lothian District of the Lothian Health Board who willingly permitted me to undertake this work in addition to my normal duties.

The students who generously gave of their time and themselves in order to participate in the project.

Finally, my wife Margaret, and our children Andrew and Catherine who put up with more than could reasonably be expected of a family. To them I dedicate this work.

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I certify that this thesis is the product of my own research, that it has been composed by myself, and that all ideas and references are, to the best of my knowledge, duly acknowledged.

...27<sup>th</sup> June 1979...

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## CHAPTER I

### HISTORICAL BACKGROUND

Both the title of this thesis and its general area of concern were suggested initially by the late Rev. Professor James C. Blackie, Professor of Christian Ethics and Practical Theology in the University of Edinburgh from 1938 until his untimely death ten years later. This work, however, was more than a mere Blackie than a title or even the suggestion of a thesis worthy of investigation, for the thesis would not have been written without certain innovations in the

### PART ONE

of which took place in 1971 and 1972 when three of the disciplinary posts became vacant in the city's theological training hospitals and, with the agreement of the hospital authorities, the educational authorities for these posts were also appointed to part-time professorships in the Department of Christian Ethics and Practical Theology. The responsibilities for developing educational opportunities for divinity students were assigned to these three.

### INTRODUCTION

This thesis describes the hospital-based components of the course of Christian Ethics and Practical Theology which have been developed since 1971.

The thesis is divided into four parts. The first part is devoted to a description of the hospital-based components of the course.

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## CHAPTER I

### HISTORICAL BACKGROUND

Both the title of this thesis and its general area of concern were suggested initially by the late Rev. Professor James C. Blackie, Professor of Christian Ethics and Practical Theology in the University of Edinburgh from 1966 until his untimely death ten years later. This work, however, owes more to James Blackie than a title or even the suggestion of a subject worthy of investigation, for the thesis could not have been written without certain innovations in the teaching of practical theology which took place in Edinburgh under his leadership. In 1970 and 1971 three full-time chaplaincy posts became vacant in the city's three major teaching hospitals and, with the agreement of church and hospital authorities, the successful applicants for these posts were each also appointed to part-time lectureships in the Department of Christian Ethics and Practical Theology with responsibilities for developing educational opportunities for divinity students within the hospitals. This thesis

- (a) describes the hospital-based components of certain courses of Christian Ethics and Practical Theology as they have been developed since 1971.
- (b) examines in detail what happened to certain groups of students as they participated in these courses and
- (c) attempts to assess these developments as a contribution to the professional education of ministers.

This present chapter attempts to set in historical perspective the innovations of 1970 and 1971 by (i) examining



the teaching of practical theology in Edinburgh from 1846 until 1970 (ii) considering the influences which made possible these innovations.

Some preliminary observations are however necessary at this point -

(a) The author should make clear a personal involvement which will almost certainly permeate the whole thesis, and not least this historical introduction. He was a student at New College, the home of the University's Faculty of Divinity, in the years 1960 - 63, made a preliminary contact with Clinical Pastoral Education in the United States in 1963-64, was deeply involved in one and slightly involved in two of the organisations which it will be argued created the climate of opinion which made possible the new developments at the beginning of this decade, and finally was himself the last of the three new hospital chaplains to be appointed in 1971, and therefore has been deeply involved in the developments described in this thesis. It may well be therefore that this chapter will have the character of geschichte rather than of historie, for it is difficult if not impossible to write in a detached manner of events in which one has been personally involved, to be objective about a situation in which one is oneself subject. One can only try to be aware of one's biases and hope that they do not totally negate the historical validity of the account of the events which are described.

(b) Some elucidation of the word 'clinical' as used in the title of the thesis is necessary since misunderstanding may arise through the ambiguous use of the word. The usage of the word in the context of a discussion of theological education reflects two different dictionary meanings of the word clinic. Thus:

(i) Clinic - The teaching of medicine or surgery by the sick bed.

Clinical (medical) appertaining to the sick bed. (eccles.) the administration (of sacraments) by the sick bed.

(Shorter Oxford English Dictionary)

(ii) Clinic - A class, session or group meeting devoted to the presentation, analysis and treatment or solution of actual cases and concrete problems in some special field or discipline.

(Webster's Third New International Dictionary)

The first definition refers to a context, usually that of the hospital, and the second to a method of educational enquiry. In this thesis the word must inevitably be used in both senses simply because that is the state of affairs in the current debate on education for the pastoral ministry. An attempt will be made however to differentiate the meanings.

Generally the word will be used in the first sense, referring to the hospital context, in the central empirical part of the thesis which describes the hospital-based components of courses in practical theology, while in discussing the broader issues, the contribution of the related method of learning to theological education we must inevitably turn to Webster's methodological definition.

(c) One further preliminary word may be in order. This thesis is not concerned with the whole field of theological education but only with part of it, albeit an important part, the equipping of men and women to exercise a ministry of pastoral care. This is not to say that education for pastoral ministry can be considered in isolation from education for other functions of ministry such as preaching,



Christian education or church administration, nor to deny that there is an important and necessary dialogue between a study of the practice of ministry and other theological disciplines such as biblical studies, ecclesiastical history and systematic theology, a dialogue which is the proper concern of pastoral theology.

The subject matter of this thesis must therefore be seen within the context of theological education as a whole, and if one aspect of that educational process is held up to the light for detailed examination it must not be forgotten that it is but an aspect of the whole and intimately related to the other parts. Nevertheless both the historical study which forms this chapter, and the research report which forms the central section of this thesis, examine theological education from a particular angle, an angle which allows us to look particularly at the equipping of future ministers to exercise a ministry of pastoral care and counselling within congregation and community. In the last section of the thesis an attempt will be made to relate the part to the whole, to see the relationship of this approach to education for the pastoral ministry to the process of theological education. But first we turn to a consideration of the teaching of practical theology in New College in former days.

#### The Teaching of Practical Theology in Edinburgh 1846 - 1970

1846 is chosen as a convenient starting point since this was the year of the foundation of New College as one of three colleges of the Free Church of Scotland which had broken away from the established church at the Disruption in 1843. Prior to that time, students for the ministry of the established Church of Scotland were trained in the Divinity Faculties of the four Scottish Universities in

which the disciplines were Divinity, Biblical Criticism and Biblical Antiquities, Ecclesiastical History and Hebrew and Semitic languages, chairs which were still extant in 1929 at the union of the Church of Scotland and what had become the United Free Church subsequent upon an earlier union between the Free Church and the United Presbyterians in 1900. An examination of the classes offered in New College in 1851, as set out in Principal Hugh Watt's<sup>1</sup> definitive history of the college written for its centenary in 1946, shows that the subjects taught were of a similar academic nature. Presbyterian Scotland placed a high premium upon a learned ministry! Indeed the First Book of Discipline of 1560 stated quite clearly that it was better that a congregation have no minister at all than a minister who was not properly trained. Looking at the earliest New College curriculum from a present day perspective, one is tempted to ask how men were trained to exercise their specifically pastoral functions, to visit the sick, to comfort the bereaved, to support their parishioners in the crises of life. It is possible however that this is a modern question which would have been hardly understood by the founding fathers of the Free Kirk. If pressed they might have replied that this was the on-going task of all teachers in the divinity halls for all had been pastors and preachers and indeed some held pastoral charges concurrently with their academic appointments.

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1 Hugh Watt. New College, Edinburgh. A Centenary History. (Edinburgh. Oliver and Boyd 1946) p.30

There were those however who, at an early date in the history of the college, felt that there was a gap in the theological curriculum. The Countess of Effingham, one of the earliest benefactors of the Free Church, offered an endowment of £3,000 for a combined pastorate of the students and Professorship of Practical Theology, an offer which was gratefully but provisionally accepted by the General Assembly of 1849. Before negotiations could be completed however, doubts were being expressed in the church. Principal Watt summarises them thus:-

"Who was the minister that the noble lady had in mind when she refused to relinquish entirely her right to nominate the first occupant of the post? Would he be an adequate Professor of Pastoral Theology? And even if he were, would not this new chair or semi-chair be favouring Edinburgh at the expense of Aberdeen and Glasgow? Was not this very practical endowment calculated to entail expense for the Church in days to come? Were not the present professors adequate spiritual supervisors? Was the precedent of college chaplaincies in England at all encouraging? And did not the whole scheme tend to segregate students 'as an isolated class in the community' and to remove them from that close contact with ordinary congregations which was an essential part of their practical training"<sup>1</sup>

The issue eventually became a matter of public debate, and was taken up in the national press, criticism mainly taking the line that the proposed new post was not the most urgent educational need at that time, that a chair of Sacred Oratory or of Gaelic or of Ecclesiastical Finance (!) ought to have precedence. The proposal was sent down (somewhat irregularly) to presbyteries under the Barrier Act who voted overwhelmingly against it and in view of this

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1 Ibid. P. 49

the General Assembly of 1853 felt themselves constrained to decline the offer while expressing their warm admiration of the high intentions and unstinted liberality of the donor. Thus ended the first attempt to have Practical Theology established as a separate and independent department within New College.

The Chair of Christian Ethics and Practical Theology evolved from the second Divinity Chair in the College. W. Garden Blaikie who held this chair from 1868 - 1897 tells how this came about.

Dr. Chalmers, as professor of Systematic Theology had no fewer than four courses of lectures in four successive sessions. But this entailed on students the disadvantage of having to begin their studies at such part of the course as at the time of their entering the professor might happen to be at. In order to remedy this, the Free Church instituted an additional chair, and by appointing each professor to have two classes daily, was able to arrange the course of study so that each student should take it in the natural order. In this way the subject of apologetics was detached from Dr. Chalmers at the beginning of his course, and the subject of Church government at the end, and a new chair was instituted for these subjects. This was the chair to which I had the honour to be appointed on his succession to Dr. Bannerman.<sup>1</sup>

We see therefore how a chair of Apologetical and Pastoral Theology came into being, not apparently because of any supposed theoretical coherence between these two branches of theological study but for more mundane and pragmatic reasons connected with the construction of the college timetable! Blaikie felt it to be a great disadvantage

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1 W. Garden Blaikie. Recollections of a Busy Life. (London : Hodder and Stoughton, 1901) p. 197.

to have to deal with two subjects so diverse. Indeed he saw himself to be responsible for three separate subjects since the government of the Church and pastoral theology were not, he believed, homogeneous. His predecessor, James Bannerman<sup>1</sup> who was professor from 1848-68 had devoted his energies mainly to the study of church government and Blaikie describes the state of pastoral theology when he assumed office

"... at that time pastoral theology was rather in disrepute. It was considered to belong to an inferior department of things. Students had come from the class of logic and metaphysics permeated by the conviction that "there is nothing greater in the world than man, and there is nothing great in man but mind"..... The impression was general that the object of the divinity hall was to cultivate the theological intellect, and that if that were done, nature would supply all the rest.

It was necessary, therefore, in dealing with pastoral theology to create in the first instance, a sense of its value....."<sup>2</sup>

Garden's affirmation of the value of pastoral theology is enshrined in his book For the Work of the Ministry which is largely devoted to Homiletics but which contains an appendix On Visiting the Sick. This appendix was based on a Dr. Stearne's Tractatus de Visitatione Infirmorum as contained in the 'Clergyman's Instructor', a tract which did not meet with Blaikie's full approval but which might nevertheless be read to the student's advantage.

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1 James Bannerman. The Church of Christ (Edinburgh. T. & T. Clark, 1868)

2 Blaikie (1901) p. 199



"In the coldest and driest manner, he will find topics suggested as appropriate for conversation and prayer in such circumstances, as if the whole of a clergyman's duty were exhausted in saying the proper thing, and no consideration had to be given to the tone and spirit in which it was said.

The visitation of the sick is of all duties that for which the spirit of formality is most unsuitable, and where the speaking must be from the heart to the heart. Yet a rubric like that to which we have referred might not be without its use in the way of suggestion - it might show the minister how great a variety of cases he is called to deal with, and of what value it is for him to be provided with manifold Scripture texts and references, sayings and anecdotes of suffering Christians, counsels and encouragements of well-tried value, in order that to every sick and sorrowing person he may be able to give his portion of meat in due season"<sup>1</sup>

Blaikie then goes on to quote with approval many helpful hints listed by Stearne regarding the manner of visiting the sick, the timing and length of visits and appropriate scripture texts and other literary references which have been found to be helpful in sick visiting. Thus we see that the last quarter of the nineteenth century is an era in which the practical training of ministers is dominated - at least in the classroom - by a 'hints and tips' approach. The nineteenth century divinity student was not lacking in opportunity to practice the craft of ministry. A prominent feature of the life of New College from the very beginning has been the Missionary Society. Founded in 1825 as the Edinburgh University Missionary Association, its original interest had been in the diffusion of Christian knowledge in the foreign field.

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1 W. Garden Blaikie, For the Work of the Ministry (London. J. Nesbit & Co. 1873) p. 259

There is evidence however that from 1847, the Society was actively supporting Home Mission work begun in the West Port area of the city under the college's first principal, Dr. Thomas Chalmers. Principal Watt tells us that by 1853 "Groups were at work in the Infirmary, the Cowgate and elsewhere"<sup>1</sup> - surely the first recorded hospital placement! In 1875, interest was transferred to the Pleasance and in 1893 a Residence was built to accommodate a student warden and a number of other students, believing that more good would be done if the students most actively involved were to reside in the district. While this move greatly increased the effectiveness of the work, it began to be felt that a student warden changing from year to year entailed a certain lack of continuity and in 1904 Rev. T. Struthers Symington who had just completed a year as student warden became the society's first more permanent missionary. The Senate of New College had always taken an active and benevolent interest in the work of the Missionary Society. It was certain developments which took place during the tenure of office of Mr. Symington's successor however, which formalised the position of the Settlement as a sphere of practical training. Appointed Warden of the Settlement in 1908, Rev. J. Harry Millar became aware very quickly of its relevance as an arena of theological education. In the Annual Report of the Missionary Society for 1908-9, he wrote:

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1 Watt. p. 116

"I saw last year that there were great possibilities in the Settlement work for the training for the ministry, but I am more convinced than ever that there is an unequalled opportunity for practical training".<sup>1</sup>

At the time when these words were written, 45 out of 57 students were in close contact with the work. In March 1911, Mr. Miller was appointed by the Senate to be Director of Practical Training for the term of his office and hours arranged for him within the First Year course for a seminar on Home Mission problems. The Missionary Society made an annual appeal to the church for funds and in 1913 did so not only because of the importance of the work in its own right but also on the grounds that

"it gives the students an opportunity to study actual social conditions and to prepare themselves for the ministry under the direction of the warden"<sup>2</sup>

By this time, Professor Alexander Martin occupied the chair of Apologetics and Pastoral Theology, a position which he held after succeeding Professor Blaikie in 1897 until 1927. Professor (later Principal) Martin left little in writing on the work of the ministry but his legacy to the teaching of practical theology was otherwise of immense importance, as we shall see from the developments which took place in his department while he was professor. 1900 saw the union of the Free Church and the United Presbyterian Church to become the United Free Church with New College

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1 New College Missionary Society Annual Report 1908-9.

2 New College Missionary Society Annual Report 1912-3.



as one of its three theological colleges. An early hope of the united Church was a strengthening of the theological curriculum particularly in areas which happened to fall within the orbit of practical theology. One of these areas was 'Christian Sociology' and in 1909 the Assembly approved its inclusion in the curriculum, a move however which meant no more than that those responsible for the teaching of Christian Ethics should devote some time to the subject. It was not until after the First World War that further developments took place, and in 1921 a course in Sociology became part of the regular College offering when the Senatus agreed

- (i) that the teaching of Sociology should belong to the department of the Professor of Apologetics, Christian Ethics and Practical Theology
- (ii) that the field should be covered by an extension of the Warden's present work
- (iii) that the teaching of Sociology should be kept in as close touch as possible with the work of the Settlement.<sup>1</sup>

These developments, involving Harry Millar, are highly significant because they indicate an early awareness of the need (i) to provide supervised field work experience for divinity students (ii) to initiate a dialogue between the social sciences and the practice of ministry and (iii) that the supervision and the dialogue should be part of the ongoing process of theological education. The contribution of the New College Settlement to this process cannot be underestimated.

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1 Watt. p. 103-4.

Principal Martin was succeeded in 1927 by Daniel Lamont who became Professor of Apologetics, Christian Ethics and Practical Theology. One of the Professor Lamont's interests was the relationship between Christianity and the contemporary scientific culture, the subject of his book Christ and the World of Thought<sup>1</sup>. This book however displays little awareness of the significance of one aspect of modern thought which was to have a profound influence upon human consciousness in years to come. While there are one or two rather slighting references to the Behaviourist School of Psychology, the work of Sigmund Freud and his followers is totally ignored. However in a curious little pamphlet written some years later, The Restoration of the Soul, he manages to incorporate a great deal of Freudian jargon without mentioning the name of the man himself! Thus the causes of soul sickness are (a) Repression within the subconscious (b) Repression into the subconscious and (c) Shell-shock. Judas Iscariot is cited as the outstanding example of autonomous repression

"The moral of the life-history of Judas Iscariot, as of all that has been said in the present chapter, is that autonomous repression is an evil thing. It breaks up the unity and harmony of the soul. It splits the personality and it does so because it is a sin against God"<sup>2</sup>

The remedy is to be found (naturally) entirely within the spiritual realm, the author emphasising the need to be utterly dependent upon God, and to be diligent in prayer.

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- 1 Daniel Lamont, Christ and the World of Thought (Edinburgh. T. & T. Clark. 1934)
  - 2 Daniel Lamont, The Restoration of the Soul (London, I.V.F. 1943) pp 19 - 22.

"Most psychoanalysts depreciate prayer. They give it either no place at all in life or only a secondary place. And in doing so they give God no place or only a secondary place"<sup>1</sup>

Professor Lamont's position is an example of one phase of the dialogue between Christianity and Science, a phase usually an early one in which the theologian reacts against the new learning by asserting the autonomy of his own discipline in a highly defensive way. It is perhaps worth noting at this stage that there were other voices in theological education which sounded a different note in response to the new understanding of human personality then coming into vogue. In 1928 J.G. McKenzie, Professor of Sociology and Psychology at Paton College, Nottingham, published Souls in the Making, An Introduction to Pastoral Psychology<sup>2</sup> in which he grappled with the implications of Freudian psychology for the work of the pastor. But this belongs to another part of the story and for the time being we continue with our study of the development of practical theology in Edinburgh.

So far we have confined our historical resume to developments within New College itself. But as we noted earlier, New College was originally a college of the Free Church, and 1929 saw a union of the Free Church with the established Church of Scotland whose students were trained in the University's Faculty of Divinity. Since at the union, the two centres of theological education were also merged, we must now enquire into the teaching of Practical Theology within the other presbyterian tradition. What we find is

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1 Daniel Lamont, The Restoration of the Soul (London, I.V.F. 1943) pp 19 - 22.

2 J.G. McKenzie, Souls in the Making: An Introduction to Pastoral Psychology (London: Geo. Allen & Unwin. 1928)

a remarkable parallel in the way the two churches attempted to develop a method of equipping men for the pastoral ministry. At the same time as the New College Missionary Society was active in the West Port and the Pleasance, the University Missionary Society was developing work in the Lawnmarket based upon the Tolbooth Church. This involvement in the enterprise of Home Mission owed its inspiration to Professor A.H. Charteris<sup>1</sup> who in 1869 came to the University as Professor of Biblical Criticism and Biblical Antiquities after eleven years in the parish ministry. Because of a dispute concerned with ecclesiastical rates, the ancient charge of the Tolbooth had been suppressed by the Ecclesiastical Commissioners who in 1860 sanctioned no more than temporary arrangements for its supply by licentiates. Thus although the Tolbooth was the building in which the General Assembly met, this district according to Charteris' biographer had become "a lapsed parish, an ecclesiastical 'No Man's Land'".<sup>2</sup> This situation was seen by the new professor as both a scandal and an opportunity. The Rev. The Hon. Arthur Gordon states

"He now seized his opportunity, and laid before the University Missionary Society the needs of the desolate Tolbooth, dwelling also on the reflex benefits which would accrue to the students themselves. He had not much faith in mere lectures on Pastoral Theology, though in their own way quite good, apart from practical training and personal tackling of the problems which present themselves to every serious minister.

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1 Rev. The Hon. Arthur Gordon, The Life of Archibald Hamilton Charteris. (London: Hodder and Stoughton, 1912) pp 153-70.

2 Ibid. p. 155

He did not appeal in vain; for an earnest band of young men, a large proportion of his class accompanied him to the first meeting of Presbytery in December 1870, and made the joint offer that if the court would entrust to their leader and themselves the fabric of the church, the entire work of the district would be fully undertaken."<sup>1</sup>

With the support of Presbytery, a licentiate of Charteris' own choosing was appointed as parish missionary and under the Professor's vigorous leadership, an enterprise embarked upon which was to breath new life into the dry bones of the nearly defunct Tolbooth congregation. Districts within the parish were allocated to each student who was expected to visit fortnightly the families placed under his pastoral care, keeping a careful record of his visits so that an accurate and up-to-date account was built up of every family in the district despite the frequent changes in personnel. Charteris made himself responsible for the initiation of new visitors into the techniques of pastoral visiting, supervising their continued involvement in the work.

"Once a fortnight the Professor presided, at a gathering of all the 'Tolbooth workers'. It might be in the Presbytery Hall, or at a reunion in his own house, when every case of difficulty was considered and decided on and helpful counsels given."<sup>2</sup>

This quotation indicates the existence of an embryonic supervisory model in theological education in 1870! The modern reader will be interested to learn that Charteris referred to this whole enterprise as "Clinical Divinity".<sup>3</sup>

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1 Ibid. p. 156-7.

2 Ibid. p. 162

3 Ibid. p. 154



As a result of the efforts of the Professor and his students the Tolbooth was subsequently re-endowed and restored to full status, the University Missionary Society transferring its activities to other needy parishes in the city eventually landing upon the parish of St. Margaret's where as we shall see other developments in the practical training of divinity students took place in the nineteen twenties.

After the First World War, the General Assembly of the Church of Scotland set up a Commission on the Life and Efficiency of the Church. One of its remits was Training for the Ministry and in 1921 the Church and Nation Committee produced a report which examined the whole spectrum of theological education from the pre-divinity course to post-ordination training.<sup>1</sup> Academic, devotional and practical training were each the subject of scrutiny and fresh proposals. An appendix to the 1921 report headed "Institutes of Practical Training", shows that from 1871 successive General Assemblies had been concerned about the development of the spiritual life of students.

"In 1893 there was an Overture from the Assembly itself as to a Chair of Pastoral Theology, and the Deliverance approves, with a pious aspiration for the generosity which may found such a chair"<sup>2</sup>

Nothing happened however and in 1896 the General Assembly resurrected a proposal which had been discussed frequently in previous years, that in each university centre a "Pastoral Institute" be set up.

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1 Reports to the General Assembly of the Church of Scotland. 1921. Pp 563-601.

2 Ibid. p. 597

"The idea of the Institute it may be inferred was not so much that of a building or place, as of personnel consisting (a) of a Head with such staff as might prove to be needful and (b) of the body of "regular" Students of Divinity at any University where the Institute should be set up. It was in no sense to interfere with University relations or with professional authority or responsibility; it would incorporate not all matriculated students in the Faculty of Divinity as such, but only such as are in a recognised relation to the Church as proceeding to the Ministry; it would be the Church's provision for the specialised and non-academic preparation for such students and for the development of their spiritual life; but if it were to be useful, would necessarily be very closely correlated and co-ordinated with the Faculty. Its minimum of material equipment would apparently be the residence provided for the Head of such size as to allow the allocation of rooms in it for lecture rooms etc. But the provision for students in residence was essential to full equipment, till such residences are provided, something would be gained for the students to dine at a common table, as is done in some theological colleges, but the great point to be aimed at is that the students should, for some time of their course at least, be in residence under a common Head".<sup>1</sup>

Again in the 1896 Report we find

"In each University seat, it ought to be possible to find a minister or a professor who would undertake the following duties for the ensuing session: (1) Pastoral superintendence of the students of Divinity; (2) a course of lectures ... on public worship, and in connection with this a Homiletic Seminary ....; (3) superintendence of development of Mission work"<sup>2</sup>

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1 Ibid. p. 599

2 Ibid. p. 598

Again nothing happened for a long time indeed until 1919 when a vacancy occurred in the parish of St. Margaret's Edinburgh. The Presbytery appointed a committee to confer with the congregation and others concerned, with a view to a minister being elected who might be qualified to give guidance and help to Divinity students along lines such as indicated in the above report.<sup>1</sup> This proposal was given cordial support by the Divinity professors and students and financial assistance by the Home Mission Committee and the Baird Trustees. The minister nominated and called to the parish was the Rev. D. Bruce Nicol (who coincidentally had been born in the Manse of the restored Tolbooth parish in 1880). The 1921 Report noted this new development in Edinburgh with approval and commended it to the other university centres.<sup>2</sup> With this begun the first systematic attempt at the teaching of Practical Theology in the University, the course being listed in the University Calendar for the first time in 1924-25, with Mr. Nicol named as lecturer and Warden of the Pastoral Institute based at St. Margaret's. In a short biography of her late husband,<sup>3</sup> Mr. Nicol's widow presents us with a vivid account of his work with students as he sought to acquaint them with every branch of congregational life, both through practical involvement in the life of the parish and the organisation of a special course of lectures in the University. When other institutes were established in Glasgow and St. Andrews they followed the guidelines laid

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1 Ibid. p. 601

2 Ibid. p. 568

3 Helen S. Nicol, David Bruce Nicol, A Memoir (Aberdeen, D. Wyllie & Son 1930)



down by Mr. Nicol. He also had a profound influence upon the teaching of Practical Theology in the re-united church after 1929. Before he moved to Dundee in 1925, he drew up a Memorandum,<sup>1</sup> which was accepted by the Board of Pastoral Institutes, laying down what he believed should be the scope of Practical Theology. His proposals were accepted by the Committee which made arrangements for the training of Divinity students after the Union. These were that lectures on Practical Theology should cover

1. Preaching.
2. Public worship and the administration of the sacraments.
3. Pastoral theology.
4. Religious instruction of the young.
5. Church constitution, organisation and law.
6. Theory and practice of missions at home and abroad.

A personal communication from Rev. C.W.G. Taylor, minister of St. George's Edinburgh to Mrs. Nicol indicates that there was an awareness that there were other matters of importance in the teaching of Practical Theology besides the content of the lecture course

"From the outset, the promoters of the Pastoral Institute realised the importance of the personal or pastoral relation which might subsist between the warden and the students"<sup>2</sup>

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1 Ibid. p. 91

2 Ibid. p. 92

In this statement we have an awareness of the cruciality of the supervisory relationship, the establishment of a model of ministry with which the students could identify. What is unfortunate is that this exciting project does not seem to have realised its full potential in the united church. After Mr. Nicol moved to Dundee, his place was taken by Rev. Cecil T. Thornton whose name appears in the University Calendar as Lecturer in Practical Theology until 1930/31 at which point, as a result of the Union, many new names appear, these being the names of the pre-union New College staff. In 1930/31 Practical Theology is clearly seen to be the responsibility of Professor Lamont and a course in Christian Sociology is taught by Rev. Harry Miller.

Complete constitutional union of the two academic establishments did not take place until 1935, and it was not until the end of the decade that a Chair of Christian Ethics and Practical Theology was established in the university with Professor Lamont as first occupant. During the nineteen thirties while his status in the Senate of New College was that of Professor, his university status was that of Reader. The University Court had agreed in 1934 to erect a Church Chair of Christian Ethics and Practical Theology in favour of Professor Lamont should the Church of Scotland so desire, but the matter was delayed because of a desire to keep in step with Trinity College Glasgow where a similar proposal was less certain of a favourable reception.<sup>1</sup>

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1 Watt p. 147

In 1945, William S. Tindal became professor, having previously succeeded Harry Miller as Warden of the New College Settlement and Lecturer in Sociology. Except for the last two years of his incumbency (1964-66), Professor Tindal was the only full-time member of his department, certain specialist courses (e.g. Christian Education) being taught by visiting specialist lecturers. In the final year of the course instruction was given in the conduct of worship, the administration of the sacraments and pastoral visitation. Significantly, it was not at that time possible to specialise in Practical Theology in the Final B.D. examinations, though Christian Ethics was an optional paper for those specialising in Divinity. Practical experience was gained by means of paid student assistantships, a kind of ministerial "apprenticeship" in which students worked in the parish under the supervision of the minister for several hours each week and were involved in the Sunday work and worship of the congregation. This gave way to a system of unpaid student attachments in which the students were participant-observers in a wide spectrum of congregational activity and ministerial practice.

One innovation during Professor Tindal's time is noteworthy in the context of this thesis. During their final year students were able to spend an afternoon each week in the Department of Psychological Medicine in the Royal Infirmary, observing patients being interviewed by a consultant psychiatrist. After the departure of the patient, there was normally a discussion regarding his or her future management giving the divinity students some insight into the nature of mental illness.

This completes the brief historical outline of the teaching of practical theology in Edinburgh from the Disruption in

1843 until James Blackie succeeded to the chair in 1966, having been appointed to a lectureship in the Department two years previously. Before proceeding to examine Professor Blackie's approach to his discipline however it is perhaps worth trying to set the above developments in a broader theological context.

#### A Theological Note

The teaching of practical theology in New College stands in a broad European tradition going back to F.D. Schleiermacher. It will not have gone unnoticed that the title of the chair has in different eras contained the words 'pastoral theology' and 'practical theology' almost with no differentiation. Wolfgang Pannenberg<sup>1</sup> traces a continental debate concerning the relationship between these two terms. He identifies a tradition going back to Planck<sup>2</sup> (1795) and beyond that to Buddeus<sup>3</sup> (1711) which identified 'practical theology' with 'moral theology' because it was concerned with agenda rather than credenda. For Planck, pastoral theology was simply 'applied theology' concerned with the professional functions of the pastoral clergy, and therefore excluded from the concept of theological science. Schleiermacher (1811)<sup>4</sup> however divides theology in three parts, Historical,

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- 1 W. Pannenberg. Theology and the Philosophy of Science. (London: Darton, Longman and Todd 1976) p. 423 ff
  - 2 G.J. Planck. Einleitung in die Theologischen Wissenschaften (1795) Vol. II p. 543
  - 3 J.F. Buddeus. Institutio theologiae moralis (Leipzig 1711) p.6
  - 4 F. Schleiermacher, Brief Outline of the Study of Theology. Trans. by T.N. Tice (Richmond Virginia. John Knox Press 1966) p. 125

Philosophical and Practical describing the last as "the crown of theological study" because his whole concept of theology was designed to lead up to practical theology, which becomes the technical application of theology to the service of the church. This approach was not without its critics. Nitzsch a pupil of Schleiermacher states that his teacher's definition of the theme of practical theology as the 'craft' of church management would be unobjectionable,

"if the practical theologian could simply take for granted a theoretical and systematic science of Christianity which was totally complete and autonomous, and a precise historical description of the present moment in the activity and life of the church"<sup>1</sup>

Nitzsch realised that while any consistent theory of church activity must be based on a particular concept of the church, there never had been unanimity about the theology of the church, the dominant motifs changing from age to age and even contradicting one another in any given era. While Schleiermacher's methodology was of great significance both in terms of bringing order into the field of practical theology itself and for his notion that church leadership is essentially the care of souls there were other less happy consequences flowing from that methodology, largely from his premise that the relationship between philosophical theology and practical theology was in one direction only.

"The two (philosophical theology and practical theology) stand over against each other, partly in relation of the first to the last since it is philosophical theology that first fixes the subject matter with which practical theology has to deal, and partly in that philosophical theology fastens upon certain purely scientific constructions while practical theology, in its role as technology, is largely attached to the area of the individual and the particular"<sup>2</sup>

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1 C.J. Nitzsch. Praktische Theologie (Bonn 1847) pp 32-33

2 Schleiermacher p. 39



Thus it was philosophical theology (of which dogmatic theology was a part) which determined the practice of ministry and practical theology could not, by definition, have any influence upon the corpus of theological knowledge. This understanding of practical theology, first enunciated by Schleiermacher has been dominant in protestant theological thought right up until the mid-twentieth century. Professor James Whyte in his essay New Directions in Practical Theology writes

"Theologians such as Barth, Brunner and Tillich, while less complimentary to practical theology, still worked within Schleiermacher's scheme, and under the same assumptions, namely that theology is a function of the church, and practical theology is concerned with the aim or technical application of theology to the service of the church.<sup>1</sup>

Professor Whyte is certainly right as far as Barth is concerned. Barth writes

"practical theology is as the name implies, theology in transition to the practical work of the community".<sup>2</sup>

Further if one considers the approach of one who has written on the Theology of Pastoral Care from a Barthian standpoint, we find a similar approach. Edward Thurneysen writes

"The subject of practical theology is neither the truth contained in preaching nor the source of the truth which is proclaimed. Nor does practical theology deal with the way in which the truth is obtained from its source. Rather its subject is preaching itself, the communicating and the hearing of this truth as such, and all the functions of the church related to it"<sup>3</sup>

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1 J.A. Whyte, New Directions in Practical Theology Theology, Vol. 76, 1973. p. 230

2 K. Barth. Evangelical Theology An Introduction (London: Weidenfeld & Nicolson 1963) p. 263

3 E. Thurneysen. A Theology of Pastoral Care (Richmond, Virginia; John Knox Press 1962) p.12



It might be wondered what this reference to preaching has to do with the practice of pastoral care. Consider Thurneysen's introduction to his chapter on 'The Content of the Pastoral Conversation'

"Like the proclamation generally, pastoral conversation has its only content the forgiveness of sins in Jesus Christ"<sup>1</sup>

Psychology and psychotherapy have their uses, psychology being the science devoted to the psychic life of man and psychotherapy being the chief form in which psychology is applied to emotional disturbances and illness. Pastoral care is not however psychotherapy or psychiatry since pastoral care is concerned with allowing a man to see himself in the light of his sin and God's forgiveness. When a pastor neglects this Biblical view of man and tries to understand him otherwise (in psychological terms) then the true task of pastoral care is betrayed, then

rather "He will no longer use psychology as a necessary auxiliary science, rather he will begin to practice pastoral care as an auxiliary to the norm of psychology ..... pastoral care then becomes psychological counsel is religious garb. The words of faith, in so far as they are still used are stripped of their content and become mere symbolic concepts which are applied to the investigation of purely psychic facts."<sup>2</sup>

Professor Whyte is surely correct therefore when he sees Barth and his followers as standing in the Schleiermacher tradition of practical theology. Whether he is equally correct about Tillich is more open to question. In his Theology of Culture (1959) Tillich devotes a chapter to "The Theological Significance of Existentialism and Psychoanalysis". He writes

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1 Ibid. p. 147

2 Ibid. p. 214

"About the term theology, perhaps many of you know that in our theological seminaries and divinity schools, the word theology is often used exclusively for systematic theology and that historical and practical theology are not considered theology at all. We will enlarge the concept of theology for our discussion of its relationship to depth psychology ..... we want to include practical theology, where the relationship has become most conspicuous, namely in the function of the counsellor who gives counsel in religious and psychoanalytic terms at the same time"<sup>1</sup>

and again

"It is then possible to disregard those people who tell us to stay in this field or that: here a system of theological doctrines, and their congeries of psychological insights. This is not so. The relationship is not one of existing alongside each other; it is a relationship of mutual interpretation."<sup>2</sup>

These quotations are however from Tillich's later writings and since his influence is more contemporary than historical, there is little evidence to contradict Whyte's main argument that the dominant influence on practical theology in Scotland until our own day was a continental one going back to Schleiermacher which saw practical theology as "applied theology". This approach has had profound consequences for theological education. Concerning the situation in Germany, Whyte writes

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1 P. Tillich. Theology and Culture  
(London. Oxford University Press 1959) pp 112-3

2 Ibid. p. 114

"In fact much of the teaching of practical theology in German universities has been of a historical character - a review of the Church's practice in the past under such headings as Homiletics, Liturgies, Catechetics and Poimenics (these divisions are in fact taken from a Dutch text book of Practical Theology published by J.J. Van Oestersee in 1878). The concerns of the present have been dealt with in Pastoral or Preaching Institutes under the direction of the church" <sup>1</sup>

(We see a similar development in England in the nineteenth century with the growth of the church controlled theological colleges, concentrating on devotional and pastoral practice while the universities concerned themselves with the teaching of academic theology). If the Schleiermacher inheritance gave rise in Germany (and England) to a division in the teaching of practical theology, between University and Church, elsewhere an even more unfortunate splitting developed. While theoretically the Church's practice of ministry should have been an expression of its systematic theology, the outcome in Scotland was a splitting between systematic theology and practical theology with systematic theology perhaps having some influence upon homiletics and little else, and practical theology either becoming a 'hints and tips' exercise with no theoretical foundations at all or else, as happened in the United States, finding its theoretical centre in the psychosocial sciences rather than in theology. Paradoxically, this was the outcome anticipated by Thumeyssen starting from an approach to practical theology which did not find its roots in a more generalised systematic theology! Pannenberg ends his book by making a plea that practical theology should find these roots not in one particular

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1 Whyte p. 230

school of philosophical or dogmatic theology but that together, practical theology and dogmatic theology should return to the 'Life-world of Christianity'<sup>1</sup> in both its historical and contemporary forms to find their true basis. This aptly describes the theological task facing James Blackie as he begun his professorship in 1966.

#### A New Approach to Practical Theology

In his Inaugural Lecture, Method and Practice in Christian Ethics and Practical Theology, delivered in October 1966, James Blackie indicated three aspects of the work of his department which illustrated the nature of the field and how a method of dealing with the subjects could illumine them all and suggest a programme. These three aspects were Christian Ethics, Pastoral Studies and Theological Communication. Addressing himself to the problem of method in Christian Ethics, the new professor argued for the need to consider with equal seriousness not only the witness of Scripture and the tradition of the Church but also the contemporary situation in all its fullness and complexity.

"In other words are we as sensitive to the activity of God in this world as we are to his Word in the Bible or to his witness in the history and life of the Church? If we are, we listen to the world and its dilemmas - we are not always preaching at it"<sup>2</sup>

This methodology was then set out as a paradigm for an approach to pastoral care where he affirmed a need for "both flexibility in attitude to pastoral situations and commitment to the traditions of the faith in which a witness to the Lord is conveyed".<sup>3</sup>

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1 Pannenberg p. 434

2 J.C. Blackie. Method and Practice in Christian Ethics and Practical Theology. New College Bulletin. Vol. III No. 2, 1966 p.4

3 Ibid. p.4

The section of the lecture dealing with pastoral care was introduced by references to Paul Halmos' recently published book The Faith of the Counsellors<sup>1</sup>. In this book Halmos demolished the myth of the value-free secular counsellor, showing how attitudes and activities in the counselling situation spring from certain presuppositions which at times can be labelled 'theological' and can be analysed and reflected upon as the counsellor seeks to become more aware of himself and his limitations in his relationships with clients. It was here, in the process of the supervisory relationship as a tool in the professional education of social case-workers, that James Blackie saw a model which could be adapted for education for the pastoral ministry

"The point that I wish to make here is concerned with Method in the teaching of Pastoral Care. Halmos illustrates frankly and vividly the way in which the social caseworker has, from his earliest days of education and training become aware of himself and his relationships in what we would call the pastoral situation. This self-awareness is sought, however, in itself for the benefit of the person in need.

It is time we realised that for one reason or another an educational model has been evolved which has a realism, vitality and openness to change and renewal, which is a spur to all other branches of the professions which care for people. It is in fact an education in attitude, flexibility and team relationships, based on placements in real situations in which the role of teacher/supervisor/or tutor is vital and important. The student is helped to reflect constantly upon what he is doing, why he is doing it, and how far it is affecting himself as well as his client as they both study this particular problem in depth"<sup>2</sup>

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1 P. Halmos. The Faith of the Counsellors  
(London, Constable 1965)

2 Blackie p. 5



Professor Blackie saw this approach as inherent in New College's own tradition of pastoral education particularly in the involvement of students in the Settlement to which reference has already been made. In the above paragraphs we see expounded his philosophy of pastoral education and an approach which he was to develop further, and the appointment of three hospital chaplains as part-time members of his department with responsibilities for the supervision of divinity students in hospital placements can be seen as one way in which these intentions were implemented. But why this philosophy and this approach? This question could be considered in two ways. In one sense we could ask what were the specific considerations which went on in the mind of James Blackie which led him to see in social work education a model for education in pastoral care, and it would be both rash and impertinent at this point in time to try to answer this question in any definitive way. There is however a more general question to which we can appropriately address ourselves. What were the influences operative in the nineteen-sixties which were conducive to new developments in pastoral education? An attempt to answer this question will reveal that there were both broad influences and certain specific movements in which James Blackie was himself involved which created a context favourable to his innovative developments in theological education. It will now be argued that the present century has seen at least three broad movements which created the environment favourable to the new directions in education for pastoral ministry which marked his tenure of office. These were (1) a new understanding of human personality and of the nature of helping relationships with roots on the continent of Europe, (2) a new approach to education for pastoral ministry originating in the United States and (3) a fresh interest



in interprofessional dialogue among the helping professions, which characterised the Scottish and British scene in the third quarter of the twentieth century.

1. A new Understanding of Human Personality and of the Nature of Helping Relationships

One can only begin here with the name of Sigmund Freud, whose ideas whether one finds them congenial or not, have had a seminal influence upon the world-view of modern man. His psychoanalytic understanding of the human personality, first enunciated around the turn of the century has not only introduced new words into our vocabulary, and given us a new model for understanding human nature, but has greatly influenced the work of all the caring professions. In his inaugural lecture, James Blackie drew heavily upon the insights of Paul Halmos. Halmos himself however began The Faith of the Counsellors by expressing his indebtedness to Freud.

"It was only in this century, after the Freudian explorations began to be understood that 'advice-giving' by the responsible and learned and even pious professional has become suspect. From the psychoanalytical clinical explorations, a new method of helping others in some personal and private predicament has developed, which prescribes that the person in need of help should be assisted to discover more about the history of his preferences and aversions than he normally contrives to know and understand, and that he should be assisted to make his decisions in the light of new insight, more or less spontaneously gained, and not in the light of directives or advice received."<sup>1</sup>

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1 Halmos p. 1

Conventional religion has not always seen itself as having an ally in Freud, which is not surprising in view of his expressed anti-religious philosophy. In The Future of an Illusion<sup>1</sup> he saw religious ideas as a product of man's attempt to come to terms with his own sense of helplessness in a hostile world, ideas generated by memories of the helplessness of his own childhood and of the childhood of the human race. These were not exactly the views which would endear him to the proponents of orthodox religion. Nevertheless there have been churchmen who realised that one did not have to accept Freud's philosophical presuppositions in order to benefit from his new insights into the workings of the human psyche. The first of these was the Swiss pastor Oscar Pfister with whom Freud engaged in a lengthy and mutually appreciative correspondence from 1909 to 1937, published as Psychoanalysis and Faith: The Letters of Sigmund Freud and Oscar Pfister. In an introduction to this volume Heinrich Meng writes

"During the first years of his ministry, Pfister wrote a paper protesting against 'the sin of omission towards psychology of present day theology'. In 1908 he came across the work of Freud which provided him with a tool for which he had long sought, enabling him to give additional aid to those whom his spiritual aid alone had been insufficient."<sup>2</sup>

Over the years Pfister incorporated many of Freud's insights into his own pastoral practice and, according to Meng, had

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1 S. Freud. The Future of an Illusion (New York: Doubleday 1964)

2 S. Freud and O. Pfister. Psychoanalysis and Faith. (London: Hogarth Press 1963) p.8

not a little influence upon Freud himself particularly to support Pfister's attempt to apply psychoanalytic insights to pastoral work, for he was passionately convinced that psychoanalysis should not remain wholly within the province of the medical profession. In his Postscript to 'The Question of Lay Analysis' he writes

"My thesis was that the important question is not whether an analyst possesses a medical education but whether he has had the special training necessary for the practice of analysis".<sup>1</sup>

According to his biographer, Ernest Jones,<sup>2</sup> Freud believed that while psychoanalysis could be practiced by properly trained lay (i.e. non-medical) people, lay analysts should not work independently of the medical profession since being constrained in matters that go to form a medical diagnosis, they were incompetent to decide which patients were suitable for treatment. Nevertheless with this provision, Freud believed that lay people could function as psychoanalysts as effectively as doctors and indeed sometimes more effectively because sometimes a medical education could render a doctor unfit to practice psychoanalysis! He did have reservations about ministers however. In a letter to Pfister, written in 1927, he implies that the Swiss pastor was almost too nice to be a psychoanalyst. Recalling Pfister as he knew him 15 years previously he writes

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- 1 S. Freud. The Question of Lay Analysis (Postscript) Complete Psychological Works. Vol. XX (London. Hogarth Press, 1959) p. 252.
  - 2 E. Jones. The Life and Work of Sigmund Freud (London. Penguin Books 1964) p. 582.

"I pictured you in my mind as you were then, with all your winning characteristics, your enthusiasm, your exuberant gratitude, your courageous integrity, the way you blossomed forth after your first contact with analysis, as well as your blessed confidence in people who were soon to disappoint you ..... I could not help feeling regret that that battle had passed you by" <sup>1</sup>

Nevertheless the mutual respect of the two men deepened though even in 1934 Freud could write

"That you should be a convinced analyst and at the same time a clerical gentleman is one of the contradictions that make life interesting" <sup>2</sup>

We shall now examine the contribution of three British clergymen of whom the same might be said. The name of J.G. McKenzie of Paton College, Nottingham, has already been mentioned. He was one of the first British ministers to become aware of the implications of Freud's work for the practice of ministry. He begins Souls in the Making: An Introduction to Pastoral Psychology with an introductory chapter boldly headed 'What Ministerial Training Lacked'. After surveying his various early educational experiences he says

"Let it not be understood that I am not quarrelling with what was taught ..... My quarrel was that there was no systematic attempt to relate our studies to the work of minister and pastor" <sup>3</sup>

A little later he gives his provisional answer to his search for a way of integrating theory and practice in ministry

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1 Freud and Pfister p. 108

2 Ibid. p. 142

3 McKenzie (1928) p. 16

"I turned then to the study of 'The New Psychology' for which I had a fair preparation. Fortunately I had kept up my studies in philosophy, ethics and academic psychology .... My interest was not speculative; it was eminently practical; it arose out of the needs of pastoral work and preaching. I wanted to understand the processes behind behaviour; whether it was possible to direct the mind towards interests that make for character; whether it was possible to understand how differences in character, temperament and personality arose; how temptations came and how they are overcome. After an extensive study of the psychoanalytic view, I was convinced that it had much to teach the teacher, preacher and educationalist generally"<sup>1</sup>

He goes on to tell how further experience of pastoral work convinced him that the new psychology was indeed an effective tool for coping with the myriad of human problems encountered in any busy pastorate and the remainder of his book, which is an amplification of the lectures given to his own students in 1927 is an attempt to relate the Freudian understanding of personality to the practice of ministry. Thus began a lifetime of teaching, of clinical work in psychotherapy and of writing spanning 35 years, his last book being published in 1962.<sup>2</sup>

Another British minister to make a critical analysis of the contribution of modern psychological thought to pastoral work was the Methodist Leslie D. Weatherhead. His Psychology, Religion and Healing<sup>3</sup> is a critical study of all non-physical methods of healing in which inter alia

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1 Ibid. p. 23

2 J.G. McKenzie. Guilt: Its Meaning and Significance (New York. Abingdon Press 1962)

3 L.D. Weatherhead. Psychology, Religion and Healing (London. Hodder and Stoughton 1951)



he considered the contribution of Freud, Adler and Jung to the cure of souls. His opinion was that while Freud had made a distinctive contribution to the understanding of mental illness, nevertheless

"... after analysis there must be synthesis and in the latter ... religion can play a vital part. I feel that the fundamental weakness of Freudian psychoanalysis is its entire lack of interest in a subsequent re-orientation or synthesis"<sup>1</sup>

While this judgement might not be universally accepted, Weatherhead at least recognised the need for pastors to take cognisance of the new psychologies for a proper understanding of personality. It is difficult to trace a direct link between Weatherhead's work and theological education. Nevertheless he was a prolific and popular author and his many books directed at church constituences cannot but have helped to create a more favourable environment for a new direction in practical theology which took Freud seriously. Mention must also be made of one other minister-psychotherapist not only for his own important work but also for his influence upon the thinking of a doctor who has made a significant contemporary contribution to enabling ministers become more effective pastors. Harry Guntrip, like J.G. McKenzie, was a congregationalist minister who found a parallel vocation in psychotherapy and in working out the relationship between his two disciplines. The doctor upon whom he had such influence was Frank Lake, founder of the Clinical Theology movement. Guntrip himself was greatly influenced by W.R.D. Fairbairn, an Edinburgh psychoanalyst, active from around 1930 until 1950 who went beyond Freud's

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<sup>1</sup> Ibid. p. 251



emphasis upon the importance of instinct theory in personality development to what was called 'object-relations theory'. Guntrip writes

"It has fallen to Fairbairn to carry object-relations into the structure of the unconscious itself and to show that all our impulses can be understood only as reaction to objects, and that many of our impulses are reactions not to external objects but to objects that exist inside our very psychic make-up itself"<sup>1</sup>

Guntrip's work was important in itself being convinced that the practical understanding of psychotherapy required a 'personal' rather than a 'biological theory'<sup>2</sup> and in his writings and psychotherapeutic practice relating this insight to pastoral care. Like McKenzie, he was convinced that there was a serious lack in theological education. In his Psychology for Ministers and Social Workers, which ran to three editions between 1949 and 1971, he writes

"The most serious lack in ministerial training is the absence of anything corresponding to the clinical training for medical students. In a medical school, in addition to whole-time professors who are both teachers and specialist research workers in pre-clinical subjects, there are 'clinical professors and lecturers' - doctors who are in practice and able to teach out of their day-to-day experience of patients. Theological colleges have always made occasional use of the 'clinical lecturer' in inviting men in charge of churches or from the mission field to talk about their work. The time is now ripe for something much more systematic in this direction in every theological college. Men ought not any longer to be left to their own unaided enthusiasm to acquire an adequate knowledge of psychology and its bearing upon pastoral work"<sup>3</sup>

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1 H. Guntrip. Mental Pain and the Cure of Souls (London, Independent Press, 1956) p.56

2 Ibid. p. 58

3 H. Guntrip. Psychology for Ministers and Social Workers (London, George Allen and Unwin 3rd Edition 1971) p. 36

The remainder of this book is an attempt to work out the implications of analytical psychology for the daily work of ministers and social workers. Preaching, the leadership of groups, home visiting and caring for anxious people are all set within the theoretical framework of a personalistic understanding of analytical psychology.

Guntrip's work has also been important because of its influence upon Frank Lake whose Clinical Theology has made a significant contribution to pastoral training though the initial and most important impact here has not been in the theological colleges but in post-ordination training. Dr. Frank Lake was a medical missionary in India from 1937 until the early nineteen-fifties. He helped establish a Psychiatric Unit at the Christian Medical College at Vellore and in the process made his first contact with dynamic psychology. On returning home he studied for a Diploma in Psychological Medicine at the University of Leeds (where Guntrip was lecturing) and in 1958, with the encouragement of the English bishops, began a series of seminars which have been attended by several thousand ministers and lay people. The original course consisted of a series of three hour seminars every three weeks over a period of two years. The basis of his teaching was an approach to pastoral care based upon the attempted integration of very specific psychological and theological views of man. His personality theory drew heavily from the work of Fairbairn, Guntrip and Melanie Klein with their emphasis upon the formation of personality in the crisis of birth and the earliest experiences of childhood. Theologically, Dr. Lake

"takes his stand upon the orthodox doctrine of God the Holy Trinity whose 'family life' is the ground of all our human relationships, internal and external .... Thus, the 'norm' of human nature is to be sought in terms of a reciprocal relationship between Father and Son mediated by the Holy Spirit ..... We may say that Christ was the only truly 'normal' person"<sup>1</sup>

Dr. Lake's views are expounded in a 1200-page tome<sup>2</sup> which it is of course impossible to summarise in this context. Suffice to say that his work has been criticised by both theologians and psychiatrists. Hugh Melinsky, in the paper from which we have just quoted writes

"There are many flashes of insight sparked off by the high tension contact between the two fields of theology and psychiatry. But there are also links made between the two disciplines which are too simple .... It is true that Dr. Lake explains what he means by his terms, but they are drawn from different disciplines which attempt to describe different aspects of human experience, and use different categories of language at different logical levels and they do not take kindly to such a shot-gun marriage"<sup>3</sup>

Nevertheless many ministers, including the author, derived personal benefit from participation in these seminars in the 1960s, not only because of the gain in understanding of human personality, but also because of the personal support received in the seminars and the fresh insight into themselves as persons and ministers. Since Melinsky's article in 1971, Clinical Theology has diversified its basis considerably<sup>4</sup> drawing extensively upon Bio-energetics,

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1 M.A.H. Melinsky. Clinical Theology, a Survey Religion and Medicine, (London: SCM Press 1970) p. 120

2 F. Lake. Clinical Theology (London: Darton, Longman and Todd, 1966)

3 Melinsky p. 127

4 See Contact, No. 58 1978

Transactional Analysis, Primal Integration Therapy and the charismatic movement, becoming even more controversial. Clinical Theology has not been without influence in Scotland, seminars having been organised in Glasgow and Edinburgh from 1968. In a later section of this chapter we shall consider the contribution of the Scottish Pastoral Association of which James Blackie was a founder member in 1958. Frank Lake was the main speaker at that Association's annual conference in 1962 and in the following year, the Clinical Theology Association became a co-sponsor of CONTACT, the S.P.A.'s journal of which James Blackie was the first editor.

It can be seen therefore that the new understanding of human personality which originated with Freud has influenced education for pastoral ministry in two ways which have been parallel rather than interacting. On the one hand there has been the influence through social work education which can be traced through Halmos, presenting a model for helping in human relationships which was of obvious relevance to education for the pastoral ministry. On the other hand, there have been a succession of minister-psychotherapists who each in their own way has helped to create a climate which made possible a continuing dialogue between pastoral theology and personality theory.

## 2. A New Approach to Education for Pastoral Ministry

The new appointments in Edinburgh in 1970/71 whereby hospital chaplains were charged with the responsibility of developing supervised fieldwork opportunities for divinity students were certainly innovative as far as Scotland and even the United Kingdom were concerned. However the hospital has been used as an arena for formal theological education for a much longer time elsewhere. Theological education in a



clinical setting is traditionally said to have began in 1925 in the United States when the Rev. Anton T. Boisen, then chaplain at Worcester State Hospital in Boston, Mass. invited a small group of theological students to work with him in the hospital during the long summer vacation.<sup>1</sup> From this there has grown a movement which has in the past fifty years made a major contribution to theological education in North America and increasingly throughout the world. There are now between two and three hundred centres in the United States (mainly in general and psychiatric hospitals and prisons) offering what has come to be known as Clinical Pastoral Education (or C.P.E. for short). In these courses students and pastors work in institutions under the tutelage of a qualified chaplain-supervisor, exercising a pastoral ministry, studying the psychological and theological dimensions of their work, reporting back on their experiences of ministry to their peers and supervisors, finding themselves in a process of personal and professional growth. Many students benefit from a basic three months experience of C.P.E. (indeed many American seminaries require it for graduation) and no full-time hospital chaplain can be appointed without a full year of this type of training, while an accredited chaplain-supervisor will normally have been engaged in the process for fully three years in addition to his theological education and other appropriate pastoral experience.

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1 E.E. Bruder. Ministering to Deeply Troubled People (Philadelphia, Fortress Press 1964) p.124

Clinical Pastoral Education as it has developed in the United States, has had an international influence as well. At a recent meeting (in April 1978) of the International Committee of the National Associations for Pastoral Care and Counselling, at which the author was present, some time was spent in the preparation of publicity material for the International Congress to be held in Edinburgh in 1979. As part of this exercise committee members spoke in a very personal way of the influences which had brought them to their present position. Of the nine Europeans present, almost all spoke of their indebtedness to the American movement as one major influence in their professional development, most having spent some time in C.P.E. in the United States. At an international conference in Zurich in 1975, Field reports from Singapore and India witnessed to the direct influence of American C.P.E. upon the development of training courses in pastoral care and counselling in these countries, almost indeed to the exclusion of influences indigenous to their own culture. How did this movement with such a pervasive influence develop? In 1925 Anton Boisen was himself recovering from a psychotic breakdown. During his convalescence he was gripped by the conviction that there was another way of doing theology apart from the study of books. He was distressed that a student could still

"pass through almost any of our theological schools .... without ever having studied the human personality in health or disease (even though) the human personality was that through which it was the pastor's task to work"<sup>1</sup>

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1 A.T. Boisen. In Defence of Mr. Bryan; A Personal Confession by a Liberal Clergyman. Amer. Rev., 3, 1925 pp 323-328



He therefore instituted his programme at Worcester in the profound belief that there was no better laboratory for the study of people in crisis than the mental hospital and no better library than 'living human documents'<sup>1</sup>. While Boisen is given a pre-eminent place in the development of Clinical training of theological students, Edward E. Thornton, the author of the definitive history of the clinical training movement, Professional Education for Ministry<sup>2</sup>, sees Boisen's place in the genesis of the movement as instrumental rather than intentional, and that while he had a significant influence upon the dynamics and theoretical development of the movement, his contributions to its organisational development were peripheral. There were others besides Boisen who saw the possibility of new directions in theological education based upon the hospital. Richard C. Cabot, a Boston physician who had earlier developed a 'case-method' of teaching medical students proposed a similar approach to the teaching of theological students. In 1925 (also) he published a paper entitled 'A Plea for a Clinical Year in the Course of Theological Study'<sup>3</sup> in which he argued that divinity students like medical students should see their teachers grapple with difficult cases with varying

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- 1 According to Powell (see below), one of the first uses by Boisen of the phrase "living documents" occurs in his "Theological Education via the Clinic" (Relig. Ed. 25 : 235 - 239 March 1920) and by the mid - 1930s the phrase "living human documents" was thoroughly associated with his work.
  - 2 E.E. Thornton. Professional Education for Ministry (Nashville, Abingdon Press 1970) p. 56
  - 3 R.C. Cabot. A Plea for a Clinical Year in the Course of Theological Study, in Adventures on the Borderland of Ethics. (New York. Harper and Bros. 1926) pp 9 - 11

degrees of success and failure.<sup>1</sup> While Cabot was almost irrationally opposed to psychiatry believing that most mental illness was of organic origin, he did give some financial backing to Boisen in his new approach to theological education. This support however did not last since after a second breakdown, Boisen began to develop a more psychogenic understanding of mental illness. In 1932, Boisen was appointed Chaplain at Elgin State Hospital in Chicago which became a second locus for the development of clinical training, but with a quite different emphasis from the New England school. Thornton shows how the years 1930 - 46 were marked by bitter controversy between two rival approaches to clinical pastoral training. One school of thought, characteristic of chaplains in psychiatric hospitals, emphasised the need for students to gain insight and self-understanding and became institutionalised in the Council for the Clinical Training of Theological Students. The other grouping consisting mainly of chaplains in general hospitals emphasised the acquisition of pastoral skills and techniques and formed themselves into the Institute of Pastoral Care based in New England. The story of the inter-relationships of these two organisations is long and complicated. It was obvious however that their differing

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1 It is perhaps worth noting that the main philosophical influences in Education generally at this time were Experimentalism and Progressivism whose main exponents were William James and John Dewey, and that as Thornton shows the first steps along this new road in theological education were not informed by Freudian concepts.

emphases were not mutually exclusive, and after a prolonged courtship they, together with two denominational organisations active in the field, joined together in 1967 to form the Association for Clinical Pastoral Education.<sup>1</sup> Whatever differences in emphases there were between the constituent groups which formed ACPE, certain essentials were held in common. One was the emphasis upon competent supervision and while the focus of the supervisory process might differ it was agreed that supervision was an essential part of the learning process. One of the best definitions of supervision based upon the experience of clinical pastoral education was that given by the late Thomas Klink<sup>2</sup> of the Menninger Foundation in Topeka Kansas.

- " (i) Supervision is a unique and identifiable educational procedure.
- (ii) it requires as supervisor one who is both engaged in the produce of his profession and duly qualified to supervise.
- (iii) it assumes as student a candidate seeking fuller qualification in the practice of his intended profession.
- (iv) it requires for its setting an institution within whose activities there are functional roles in which student and supervisor can negotiate a 'contract for learning'.
- (v) the roles of both supervisor and student must be appropriate to their particular professional identity (in this case the Christian ministry).
- (vi) lastly supervision requires for its environment a wider community of professional peers associated in a common task."

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1 These events are described in great detail in Thornton's book.

2 T.W. Klink. Chapter on "Supervision" in Education for Ministry (Ed. Fielding, American Association of Theological Schools, 1966) p. 176

It is evident that the situation in which a group of theological students work under a chaplain in a hospital fits these requirements precisely, and this perhaps explains why the hospital has been the principal setting in which this type of theological education has taken root and flourished. Another feature of the American clinical training programmes has been the requirement that the students should be accountable for their work with patients. This accountability has been made concrete in the practice of writing up verbatim or process reports of pastoral conversations with patients and presenting these for critical examination by the student's supervisor and peers. In a short history written to mark the 50th Anniversary of Clinical Pastoral Education in 1975, Robert Powell<sup>1</sup> shows how this originated as far as clinical pastoral training is concerned with Russell L. Dicks who first trained under Boisen and then became chaplain at Massachusetts General Hospital. Powell quotes Dicks

"Following a preliminary history the student ... (reproduced) his interview with the patient. He noted especially his opening remarks and how he was received and noted what the patient said and did, giving attention to the order or chronology of any special remarks of the patient, in an effort to determine the patient's mental condition. The student's notes were closed with a summary in which he estimated the patient's mental and spiritual needs, how these needs could be met, the student's working relationship with the patient, and the method used in his contact with the patient"<sup>2</sup>

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- 1 R.C. Powell. Fifty Years of Learning Through Supervised Encounter with Living Human Documents (New York, Association for Clinical Pastoral Education 1975)
  - 2 R.L. Dicks. Report of Supervisor of Theological Students at Massachusetts General Hospital June - September 1924. Institute of Pastoral Care Archives. Boston University Theological School Library



This method is very similar to that used both then and now in the training of social workers and we should perhaps note in passing that while the setting of clinical pastoral training has been predominantly medical, the educational model used has been a social work one.

We have now briefly examined the development of theological education in a clinical setting in the United States, stated its main characteristics, and noted its international influence. In considering how far this development influenced James Blackie's decision to appoint three hospital chaplains as part-time lecturers in his department, it would be going beyond the evidence to say that he looked at American CPE, liked what he saw and decided to develop the same system in Edinburgh. Certainly he himself had studied for a year at Union Theological Seminary in New York and must have been aware of this particular approach to theological education. Further in 1969, a lecturer was appointed to his department who had pursued doctoral studies in pastoral counselling in San Francisco and who had thereby gained some experience of CPE. This lecturer, Dr. A.V. Campbell was closely associated with the chaplains in developing the new courses in New College, planning and teaching the academic component of those courses for which the hospital-based fieldwork was a requirement. Therefore whether or not the decision to initiate the new developments in Edinburgh sprang from an awareness of the American approach, there was certainly from the beginning an awareness that clinical pastoral education had been extensively developed elsewhere. This does not mean that there was a unanimous agreement to copy the American ways. There were both practical and theoretical objections to this, practical in that none of the chaplains were at that time very experienced in supervisory methods, and theoretical in that the chaplains in varying degrees were unable to accept some of the implicit assumptions of



the American model, particularly in regard to its organisational emphasis upon certification and accreditation and its lack of theological content. Nevertheless there has been since 1970 a continuing dialogue with the American scene both through access to the literature and personal contact with chaplain-supervisors who have visited Edinburgh and at international conferences.<sup>1</sup>

We must turn now to examine certain developments in the 1960s which probably had a more immediate influence in making possible the new approach to pastoral education in Edinburgh.

### 3. A new Interest in Interprofessional Co-operation

If the Freudian influence and the American developments in pastoral education were general, indirect and foreign contributions to the creation of a situation in which new approaches to the practical training of ministers became possible in Edinburgh, the third factor which we now consider was Edinburgh-based and related to events in which James Blackie was not only a participant but a prime mover. In 1958 the Scottish Pastoral Association was formed in Edinburgh to 'promote an exchange of ideas and a basis of co-operation between all who regard themselves as exercising a pastoral function'.<sup>2</sup> The archives of the S.P.A. contain two letters written by the late Margaret R. Allen, a deaconess of the Church of Scotland who was

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1 It is perhaps only fair to point out that of the three chaplains, the author is probably the one most heavily influenced by the American approach, having spent a year of post-graduate study of pastoral theology in an American seminary in 1963-4 and a further three months in CPE at the Texas Medical Centre in 1976.

2 CONTACT. The Journal of the Scottish Pastoral Association - No. 1. October 1960 (Inside Cover).

closely identified with the life and work of the Davidson Clinic. This clinic had been founded in Edinburgh in 1939 by Dr. Winifred Rushforth (formerly a medical missionary in Nagpur) as a centre for the practice and teaching of psychoanalysis. It was an explicit Christian foundation and in a letter (to the Rev. J. McIntyre) dated August 1955 and written after the Clinic's Summer School, Miss Allan discusses some questions which had been raised concerning the relationship between the Clinic and the Church. A suggestion had been made that it would be useful to gather a group of ministers, psychotherapists, ordinary (GP) doctors and psychiatrists to discuss issues of common concern. However, while she considered this idea excellent as a long-term proposition, she felt that at that time it was premature because "the ground where Theology and Psychology meet and/or overlap has been too little worked over, and few people have reached mutual understanding of the two approaches". What she did feel was a more immediate aim was the formation of an "Edinburgh Group of Pastoral Study", to work at both the theory and practice of psychotherapy in the light of Christian theology and the koinonia of the Church. By 1958, the situation seems to have moved considerably for in a letter to Dr. Rushforth, Miss Allan tells of a two-day meeting for ministers held in May to discuss pastoral work. One paragraph is of particular interest in the light of material previously presented in this chapter.

"Next morning we resumed at 10.30 and after short prayers, W.R.D. Fairbairn gave us a talk on clinical cases; he was very good at this and just by his personality and way of handling things impressed people; he managed to speak simply without giving the impression that the work of an analyst was child's play and that after listening to a few talks and reading a few books, a minister could do as much; that I fear was what some might deduce from Prof. J.G. McKenzie who took the last session on Thursday"

Concerning future developments she writes

"Others besides myself feel that it would be better to hasten slowly and fix vaguely on an Association of Pastoral Studies than to attempt too much at the start and then find we had got off on the wrong foot"

One gets the impression that she saw this new organisation as one primarily intended for ministers who wished to deepen their understanding of the pastoral task in the light of psychodynamic theory. In the event when the Scottish Pastoral Association was formed, it was interdisciplinary from the start with ministers, doctors and social workers within its membership, and the possible link which she envisaged with "our Clinic's Dynamic Psychology" never quite materialised. at least in any formal way, the new association being broad in its concerns and eclectic in its theoretical base. The SPA flourished over the next few years, eventually having at its zenith around 1965 about 500 members and a dozen branches throughout Scotland, providing a forum for the discussion of a wide range of human problems for members of the caring professions in these centres.

James Blackie was present at the above two-day meeting and was a prominent member of S.P.A. from the beginning, being appointed first editor of its new journal CONTACT which appeared in 1960. Sixty issues and three editors later, the journal still survives, having out-lived the S.P.A. which wound up its formal activities in 1976. An examination of the early issues of CONTACT reveals its concern with a wide range of issues of interdisciplinary interest. Special issues were devoted to Alcoholism (No. 2), Sexuality (No. 5), What is Illness? (No. 7), The Interview (Nos. 8 and 9) and Doctors and Clergy Meet (No. 10), this latter being an account of a series of meetings held in Fife from 1960-63.

Issue No. 12 (Grief and Mourning) had to be reprinted and No. 16 (The Hospital Chaplain) contained interesting material relevant to this thesis. By this time (1966) a new English-based organisation, the Institute of Religion and Medicine had joined S.P.A. and C.T.A. as co-sponsors of CONTACT and most of the articles in this issue emanated from IRM sources. An article by Alfred Barton surveyed the present state of hospital chaplaincy and made suggestions for future developments. He writes

"Consideration should also be given to the establishment of Teaching Chaplaincies where in conjunction with a teaching hospital, a priest or minister might be appointed to a new post of 'Teaching Chaplain'. He would have certain smaller responsibilities within a hospital where he could carry out chaplaincy duties in the care of the sick but his main work would be in the training of ministers and clergy in the art of ministering to the sick in hospital and the training of future hospital chaplains. Such a post might well be combined with a lectureship in Pastoral Theology if the local University contained a Theological Faculty"<sup>1</sup>

The innovations in Edinburgh in 1970-71 were very much in the spirit of the above proposal though the chaplains appointed certainly did not have smaller pastoral

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1 A.E. Barton. Hospital Chaplains: A Survey  
CONTACT, No. 16 January 1966 pp 23-24

responsibilities within the hospitals!<sup>1</sup>

The S.P.A. had a direct influence upon theological training in Edinburgh in another of its activities. The minutes of the Executive Committee Meeting of 13th January 1962 contain the following item:

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- 1 It is perhaps appropriate to note here certain developments in some English hospitals in the nineteen sixties and seventies. These were initiated by the Rev. Norman Autton while Chaplain at St. George's Hospital, London and extended during his period of Secretary and Director of Training of the Church of England Hospital Chaplaincies Council. A whole series of hospital-based courses were developed for newly appointed chaplains, parish clergy and theological students. A survey of these courses made by the author in 1974 as a preliminary to this study, revealed that they lasted from 1 - 4 weeks and were comprehensive in nature with a special emphasis in orienting the minister to the life and work of the hospital. Lectures by doctors and nurses and other health care professionals were a prominent feature as were visits to wards and specialist units. The communication of information helpful to clergy was seen as a high priority in the design of these courses together with an emphasis upon the performance of the priestly and sacramental duties of the minister in hospital. A notable absence was any emphasis upon a feature which we noted in our examination of clinical training in the United States, and that was of any emphasis upon the intentional supervision of the relationship between pastor and patient. Indeed answers to a question in the survey to ascertain the amount of supervision given betrayed an almost total lack of understanding of the meaning of the word as used in the context of training in human relationships.



"Rev. J. Blackie reported the request by students of New College for a vacation course in clinical theology had led him to draw up a programme for such a course for 12 - 14 April to be held in the Department of Social Studies. The committee approved the outline of this course and was satisfied that it would be conducted under the auspices of the S.P.A. Students of other Theological Colleges would be invited to take part"

James Blackie was then University Chaplain and this approach to him by the students was the result of a sense of frustration arising out of what they considered to be a lack of adequate preparation in the Divinity course for coping with people in crisis. Since the author was one of these students it is necessary to declare a personal bias in writing of these events. No doubt our criticism of the theological curriculum was not unique either in the history of New College or among theological students generally, and no doubt our expectations of what the S.P.A. could provide were unrealistically high. The outcome however was that James Blackie organised a three-day conference in the Easter vacation of 1962 which he opened himself by speaking on 'Co-operation - the Basis of Ministry'. There were also lectures on 'The Art of Counselling and the Accepting Relationship' and 'The Minister's Awareness of Himself as a Pastoral Factor' as well as clinical demonstrations in medical and psychiatric units. This conference became an annual event and was a forerunner of the 'Official' Easter Vacation Hospitals Conference which is the subject of part of the research described in this thesis. Mention has already been made of the Institute of Religion and Medicine which was founded in London in 1964 to provide a forum for discussion between doctors, members of associated therapeutic professions and religious leaders to promote mutual understanding for the benefit of those in need.

IRM made a significant contribution to the debate on education for the ministry through its participation in a British Council of Churches Working Party which met in 1966 and 1967, whose remit was to investigate the contribution of the psychological and social sciences to the training of the ministry, and in 1966 and 1968 setting up two consultations to examine practical training in pastoral care ministry. Both James Blackie and Alastair Campbell participated in the IRM consultation. The report of these two lots of deliberations, Pastoral Care and the Training of Ministers<sup>1</sup> argued persuasively for a more professional approach to the practical training of ministers, and among other things set out suggestions for the introduction of courses in human growth and development at the various stages of theological and post-ordination training, as well as listing courses and individual organisations offering some kind of pastoral training which incorporated these new insights.<sup>2</sup>

Among the courses listed is the Practical Theology course at Edinburgh where it states that

"Students take part in 8 clinical demonstrations in the Department of Psychiatry in the University, with medical students, with a view to understanding the main syndromes of mental ill-health"<sup>3</sup>

- an indication that in the late 1960s the hospital was seen as one of the arenas relevant for theological education in Edinburgh.

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1 Pastoral Care and the Training of Ministers, Report of a Working Party (British Council of Churches 1966)

2 These resources in pastoral care and counselling developed considerably over the next few years and are listed in a paper written by the author in 1975 for the One for Christian Renewal organisation. Even this is now out-of-date.

3 Pastoral Care and the Training of Ministers p. 84

We have in this section described a set of events in which James Blackie was himself intimately involved. It would perhaps be true to say that the innovations in theological education which he introduced were not simply the result of these events, though it is maintained that they did contribute to creating a situation and attendant attitudes in both medical and ecclesiastical circles which made them possible. Rather we should see the new developments as a natural extension worked out in his new sphere of service, of his interests as they had developed over the past ten years. This completes our survey of the inter-related factors which form the background to a new direction in practical training which began in 1970 in New College. In our next chapter we shall examine these hospital-based courses and the questions raised by them which provided the basis for the empirical research which forms the central section of this thesis.

## CHAPTER II

### INTRODUCTION TO THE RESEARCH PROJECT

In this chapter, we turn to a preliminary examination of New College's hospital-based courses as they developed in the early nineteen seventies, to a consideration of the questions which they raised, and to a study of the literature of previous relevant research. By 1974, certain courses of Practical Theology in New College required some hospital experience of one kind or another. These clinical components had been developed over the past three or four years and the time seemed right to undertake some kind of evaluation of these courses and their effect upon the participating students. A preliminary examination of the literature of previous research into clinical training for theological students revealed that most of it originated, not unnaturally from North America, and to this previous research we shall presently turn. There was however one significant piece of work of British origin and that was the doctoral dissertation of Dr. A.V. Campbell<sup>1</sup> of New College who taught the academic component of the courses reviewed in this research project.

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- 1 A.V. Campbell. The Influence of Counsellor Variables on Methods of Pastoral Counselling (A study of the Effect of Personality, Age, Experience Level, Religious Denomination, Attitudes and Beliefs of Pastoral Counsellors on Their Responses in Counselling) Th.D. dissertation, San Francisco Theological Seminary 1967.

Campbell examined the counselling responses of students and clergymen of three religious denominations, Episcopalian, Presbyterian and Roman Catholic. An examination of the six groups revealed that the most significant variables were religious denomination, age and degree of flexibility of personality. He summarises his findings thus:

"It is suggested that denominational tradition is probably the most powerful influence on our group of subjects. Not having received any intensive training in counselling methods, they adopted an approach characteristic of their denomination. For the Catholics, this means a largely directive approach with emphasis on practical advice. The Presbyterians are also directive (though less so than the Catholics) with an emphasis on a teaching or evangelistic role. The Episcopalians prefer silence and questions to advice, and avoid religious terminology. The other two variables however are also important. Irrespective of denomination, the younger Counsellor will be more interested in feelings of counselees and the more flexible counsellor will be less directive."<sup>1</sup>

The most interesting phrase from the above quotation is "Not having received any intensive training in counselling methods". Until the late nineteen sixties, students who passed through New College (or any other Scottish Theological College) received little or no systematic training in pastoral counselling, although they did have the opportunity to attend clinical demonstrations in the Department of Psychological Medicine at the Royal Infirmary. The intriguing question which presented itself was whether the training now being given had any effect upon the counselling styles of the students receiving it. This was a particularly relevant question as far as the

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1 Campbell p. viii



more advanced students were concerned. For an option for Practical Theology III, and a requirement for the Diploma and Certificate in Pastoral Studies was a course on Pastoral Care and Counselling involving both an academic component taught in the college and a field work placement in a hospital, working under the supervision of one of the three full-time chaplains. These field work placements which varied in length according to the course involved the pastoral visiting of patients, and the discussion of reports of these visits with the supervising chaplains in both one-to-one and group settings. What was the effect of this educational process? Did this "intensive training" cause any changes in the counselling responses of the students?

Another kind of hospital experience had been developed for the more junior students of the Practical Theology I class. They came to the hospitals for an obligatory week-long Easter vacation conference. Their involvement in the hospitals, being much shorter, was of a different order, consisting of lectures, seminars and case demonstrations with little or no direct patient contact. Since this conference involved no training in pastoral counselling (though an introduction to pastoral care and counselling was given at another point in Practical Theology I) any changes detectable as a result of the conference experience would be of a different kind. There was some prima facie evidence that something happened to these students as a result of participation in the conference. For instance it had not been unknown for students involved in previous similar conferences to state afterwards that "This has been the most significant week of my life." Further, after the Easter conference, students were required to write an essay on "The Hospital conference as a preparation for pastoral ministry" and these essays had

pointed to a deep involvement in the hospital experience on the part of the students. There was therefore an indication that some significant changes were taking place even in the short space of a week. What were these changes? Were they changes in attitudes? And if there were changes in attitudes among the Practical Theology I students, were there similar changes on this dimension among the more advanced students?

Thus this research project involves students at two quite distinct levels of involvement in hospitals

(a) The Practical Theology I class attending a week long conference with little or no patient contact

(b) The more advanced Practical Theology III and post-graduate students working on members of the chaplaincy teams with some direct responsibility for the pastoral care of patients.

Various questions presented themselves for investigation.

(1) Who were the students who participated in the Practical Theology courses? What were their characteristics? Did they fall into any natural groupings with particular profiles?

(2) Did any significant changes take place in the students as a result of participation in the hospital-based courses? Logically one might consider changes in (a) personality, (b) knowledge, (c) attitudes and (d) skills. A review of the literature (see below) indicated that personality structure tended to remain unchanged in clinical pastoral training. It was, therefore, decided not to investigate personality changes in this research but to look for the relationship between personality and other dimensions of change as a result of participation in our consensus. It was also decided that cognitive changes were best assessed systematically through traditional academic methods and these are not considered in this research. The changes

investigated are changes in attitude and (in the case of the courses where there is training in counselling and direct patient contact) changes in counselling skills.

(3) A further question of interest was how the counselling styles of the students in this project compared with those delineated by Campbell for his students nearly 10 years previously.

#### Review of Related Literature

A.V. Campbell in 1967 was interested in the relationship between personality characteristics of counsellors and their styles of pastoral counselling. He noted then that most of the previous research in pastoral counselling had been concerned with the effect of clinical training programmes upon trainees. While this was not particularly relevant for his work, it is obviously of the utmost importance for this piece of research. Work in this field prior to 1965 is surveyed comprehensively by Menges and Dittes<sup>1</sup>. Atwood<sup>2</sup> (1958) found that individuals changed in varying degrees during such training but no specific element of personality and life situation other than the students view of himself and his relations with others was significantly associated with change. Gynther and Kempson<sup>3</sup> (1958) used the MMPI and Inter-personal Checklist before and after a three month cover of clinical training and

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- 1 R.J. Menges and J.E. Dittes. Psychological Studies of Clergymen. Abstracts of Research. (New York. Thomas Nelson and Sons 1965)
  - 2 B.M. Atwood. Personal Changes in Clinical Pastoral Training. Ph.D., Columbia University. 1958.
  - 3 M.D. Gynther and J.O. Kempson. Personal and Inter-personal changes in Clinical Pastoral Training J. Pastoral Care. 1958, 12, 210 - 219.

concluded that personality structure, as measured, tended to remain relatively unaltered. Self descriptions also remained unaltered and the group seemed to be in the preliminary stages even after three months. Kim<sup>1</sup> (1960) in a critical study of selected changes in Protestant theological students during a three months programme of clinical training showed that, compared with a control group, the experimental group showed a less authoritarian attitude, no change in self acceptance, more conservative religious attitudes and a significant increase in insecure feelings. Meissner<sup>2</sup> (1961) studied 26 priests' who spent nine days spread over five months in a psychiatric hospital. A programme of lectures, discussions, demonstrations and patient contact produced more favourable attitudes towards psychiatry in general and various significant changes in particular attitudes. Swanson<sup>3</sup> (1962), in a study of the effects of clinical pastoral education on a group of theological students and pastors showed that, while there was an increase in the supervisor's ratings of the usefulness of the students' visits to patients, other results showed that the students themselves undervalued their pastoral impact upon patients. Wagner<sup>4</sup> (1957) studied the personality traits of 64 Franciscan seminarians in

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- 1 L.E. Kim. A critical study of selected changes in Protestant theological students with clinical pastoral education. Ph.D. University of Southern California. 1960.
  - 2 W.W. Meissner. Psychiatric training for theology students, a report. Psychiat. Quart. 1961. 35 720 - 725
  - 3 P.R. Swanson. Some effects of clinical pastoral education on a group of theological students and pastors. Ph.D. Boston University 1962.
  - 4 M. Wagner. Seminarians' attitudes in personal counselling and their relation to selected personality traits. B.A., Duns Scotus College (Detroit Mich.) 1957



relation to their attitudes on personal counselling and found that a relationship existed between traits and counselling methods only when the subjects were divided into trained and untrained groups. Miller<sup>1</sup> (1963) conducted an exploratory analysis of the performances of first year theological students, designated as liberal and conservative for directive and non-directive responses in the pastor-parishioner counselling relationship. He found that, while both liberals and conservatives preferred more non-directive than directive responses, significantly more liberals than conservatives choose non-directive responses. Proctor<sup>2</sup> (1961) studied the attitude of changes of 130 students over one year of seminary training and found a significant shift of opinion towards less conservative theological position, and that the emotionally stable person probably feels more free to change his opinion than the less stable individual. Finally, Menges and Dittes list an Australian study by Stanley<sup>3</sup> (1963) of the personality and attitude characteristics of fundamentalist theological students who found that, compared with a non-fundamentalist group, the former was higher on a lie scale, more conservative

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- 1 R.L. Miller. An exploratory analysis of the preferences of first year theological students designated as liberal and conservative toward directive and non-directive responses in the pastor-parishioner counselling relationship Ph.D. Michigan State University 1963.
  - 2 R.A. Proctor. A study of attitude changes in theological students during one year of seminary training. Ed. D. Temple University 1961.
  - 3 G. Stanley. Personality and attitude characteristics of fundamentalist theological students. Australian J. Psychol. 1963, 15, 121-3.



and more dogmatic. For Stanley, Fundamentalist represented the religious manifestation of Rolfe's "closed mind". A piece of research which came to have particular significance as far as this work is concerned was a paper "Expectations and Realisations of Clinical Pastoral Training" by Wanberg<sup>1</sup> published on the proceedings of the 1963 Conference of the Institute of Pastoral Care. Wanberg examined the goals and expectations from three perspectives, the literature in the field, the chaplain supervisors directing training at individual centres and the students enrolled on the various courses.

"The hypothesis guiding this investigation was that clinical training takes place in two dimensions: the educational, or what might be called the objective, dimension; second, the therapeutic, or the subjective dimension. The former is concerned with what the student learns in terms of subject matter, skills in pastoral care, and on understanding of human personality; the latter is what the student learns about himself, the growth and insight which develops within his own life."<sup>2</sup>

From the literature, eight goals were defined, four relating to the educational dimension and four to the therapeutic, with the primary emphasis on the former. An analysis of the goals of the 64 supervisors however revealed that they considered the students understanding of their own selves and the understanding of others as primary goals. A concern for the students' personal growth was a higher priority than learning specific skills appropriate to pastoral care. (This may have been because the latter was the main focus of concern in pastoral care courses taught in the seminary).

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1 K.W. Wanberg. Expectations and Realisations of Clinical Pastoral Training. Proceedings of the Institute of Pastoral Care 1963. Fall Conference pp 42 - 60

2 Ibid. p.42

There was however a significant difference between the supervisors in general hospitals and those in psychiatric hospitals, in that while the former placed greater emphasis on giving the students a meaningful encounter with human suffering and a greater empathy for such suffering, the latter placed greater emphasis upon the understanding and knowledge of personality. An examination of the expectations of the students on entering a training programme showed that these could be reduced to four, greater self-understanding, the acquisition of counselling skills, an understanding of the dynamics of personality, and the need for help in choosing a vocation. When the eight goals extracted from the literature were offered to the students at the end of their course for ranking in terms of felt realisations, the data indicated that the students' felt realisations were mainly in the area of growth and insight and understanding of themselves, i.e. the students moved in the direction of the supervisors' goals. Students expecting to gain self-insight gained most in this area. The greatest shift however related to the goal of encountering human suffering and developing empathy for such suffering. This was particularly marked among students working in general hospitals while the students placed in psychiatric hospitals tended to place a higher value on the understanding of personality dynamics, reflecting the initial expectations of the supervisors. Wanberg also attempted to assess the objective changes which had taken place in the students, through analysis of verbatim reports of interviews which the students had with patients. He used Porter's<sup>1</sup> categories of counselling attitudes - Evaluative, Interpretative,

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1 E.H. Porter. An Introduction to Therapeutic Counselling (Boston. Houghton-Mifflin 1950)

Supportive, Probing and Understanding. He found

(1) there was a significant increase in the Understanding and Interpretative kinds of counsellor response as the course progressed.

(2) the students showed a definite change in the assumption of the ministerial role, with a significantly increased ability to articulate religious concepts and ideas, relating these in a helping way to life and its problems.

(3) although students appeared to have increased in pastoral skill especially in the area of effecting the understanding kind of attitude, much room for improvement was noted.

Training seemed only to introduce the students in this area, and did not produce skilled and well-trained technicians in pastoral care. Wanberg's research is described in some detail since it appeared to be very relevant to our own situation and some of his research methods were incorporated in the present work.

The Journal of Pastoral Care has published two Canadian assessments of the effect of clinical training. A paper by Friesen<sup>1</sup> in the December 1973 (Research) issue describes an assessment of a course in Alberta using the Adjective Check List, Daily Reaction reports, supervisors' assessments and individual student assessments, to relate the subjective and objective dimensions of change on a CPE programme. In a discussion of this paper, James Dittes points to one of the difficulties of research in this field, namely the difficulty of achieving a satisfactory blend of relevance and reliability. Dittes believes that Friesen measured not objective changes but how far the students

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1 J.W. Friesen. Evaluating Supervised Pastoral Education. J. Pastoral Care, 1973, XXVII, pp 229 - 235

approved the course. "This is not an illegitimate thing to measure but it is quite different from what the author says he set out to measure. When it came to the crunch between reliability and relevance, reliability won out."<sup>1</sup> In the December 1975 issue, Grant<sup>2</sup> reports on his work in Montreal in which he obtained pre- and post- training scores for the Adjective Check List, the Sixteen Personality Questionnaire, and the Semantic Differential. Pre-training Minnesota Multiphasic Personality Inventory scores were helpful in determining the processes operating to produce changes especially in the ACL. There was some evidence however that the changes observed as a result of the training experience were short lived. Pastoral Care and Counselling Abstracts reports a study by Paur<sup>3</sup> in which using scales developed by Carkuff, he found that trainees can come to function at the level of professional and experienced counsellors in a relatively short period of time. These findings concerning the effectiveness of short-term are re-inforced by a paper by Demos and Zuwaylif<sup>4</sup> who found that as a result of an

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- 1 J.E. Dittes in A Symposium on Pastoral Research J. Pastoral Care 1973. XXVII p. 256
  - 2 G. Grant. An Objective Evaluation of an Eleven-week Supervised Pastoral Education Program. J. Pastoral Care 1975, XXI pp. 254-61
  - 3 R.M. Pau. A Pre-Post Assessment of Short Term Training Experiences on Indices of Personality and Counselling Behavior in Non-professional Trainees. Pastoral Care and Counselling Abstracts 1973.
  - 4 G.D. Demos and F.H. Zuwalif. Counsellor Movement as a Result of an Intense Six-Week Training Program in Counselling. Personnel and Guidance Journal. 1963, 42, pp 125-8

intensive six-week training programme in counselling, counsellors moved from being more evaluative, supportive and probing at the beginning of the training experience to being more understanding and interpretative at the end. Once again Porter's Categories of Counsellor Response were employed. More recent British research in the general counselling field (Nelson-Jones and Patterson,<sup>1</sup> 1974) reveals that over the period of an academic year, students in the University of Aston's Diploma in Counselling course improved significantly in their ability to respond empathetically and on their ability to discriminate the quality of other counsellors' responses.

The above review of literature can be summarised in terms of the following items which may be of relevance to our own project which will focus on changes in attitudes and, where appropriate, counselling skills in theological students involved in hospital placements.

1. Short courses, based in a psychiatric hospital, consisting of lectures, demonstrations, discussions and patient contact can bring about in priests more favourable attitudes to psychiatry (Meissner, 1961).
2. Relatively short courses can result in significant changes in counselling skills (Paur 1973; Demos and Zuwaylif 1963; Nelson-Jones and Patterson 1974).

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1 R. Nelson-Jones and C.H. Patterson. Some effects of Counsellor Training British Journal of Guidance and Counselling 1974, 2 pp 191-199



3. Personality structure tends to remain unchanged as a result of a three-month course of Clinical Pastoral Education (Gynther and Kempson 1958); any changes which did take place as a result of such training were not related to any personality factors other than the students view of himself and his relationship with others. (Attwood 1958).
  4. While one study found that, as a result of CPE, students move towards less authoritarian attitudes generally but towards more conservative religious attitudes (Kim 1960), another study of students of a year of seminary training, demonstrated a shift of opinion towards a less conservative theological position. (Proctor 1961).
  5. Counsellor attitudes could only be related to counselling methods when a distinction was made between trained and untrained subjects. (Wagner 1957).
  6. Students tended to undervalue their contribution of patient care while their supervisors thought that their effectiveness had been enhanced as a result of training (Swanson 1962).
  7. While both conservative and liberal students showed a preference for non-directive methods, this preference was more marked in the case of the liberal students (Miller 1963).
  8. Significant changes take place in terms of the difference between what students expect to gain from clinical training and what, at the end of the experience, they feel they have gained (Wanberg 1963).
- Thus, encouraged by the indications that significant changes in both attitudes and counselling skills were possible even as the result of not too long courses, we now turn to a detailed examination of the hospital-based courses offered by New College and a description of the research methods which were developed for this project.

## Part Two

## The Research Project

### CHAPTER III

#### THE PRACTICAL THEOLOGY I EASTER VACATION CONFERENCE

##### (a) DESCRIPTION OF PROGRAMME AND RESEARCH METHODS

###### Christian Ethics and Practical Theology I

The Easter Vacation Hospitals Conference, which is the subject of this and the next chapter, is an integral part of the Christian Ethics and Practical Theology I course, which is described in the University Calendar as follows:-

A survey course of the whole range of Practical Theology, emphasising particularly the skills and practice involved in communicating theologically in the contemporary situation through liturgy preaching, Christian Education, pastoral counselling and the structures of the Church. Course requirements include a week's experience in a hospital setting during the Easter vacation and appropriate field work during terms.<sup>1</sup>

The course is compulsory for all candidates for the ministry of the Church of Scotland and may be taken in any one of the three or four years of the B.D. Programme, though it tends to be taken earlier rather than later, as indeed it must be by students who intend to take more advanced courses in the Department. Students, other than Church of Scotland candidates, are also likely to be enrolled in the class. As the course description indicates, it is a survey course providing an introduction to most of the subjects traditionally encompassed by Practical Theology in the

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1 Edinburgh University Calendar 1975-76 p. 282

Scottish Theological curriculum such as preaching and worship, Christian Education, and the sociology of the churches, as well as the more recent innovation, pastoral counselling. The 'Introduction to Pastoral Counselling' module begins in the final teaching week of the spring term, and is followed after a week of examinations, by the Hospital Conference. The students return in the summer term to examine in more detail the specific topics of adolescence, marriage, old age and bereavement. The first group of students to be involved in the research project was the PII class of 1975-76. With certain modifications the exercise was repeated two years later with the class of 1977-78.

#### The Easter Vacation Conference of 1976

In 1976, the Hospitals Conference was held from Monday 15 - Friday 19 March, partly in the Royal Edinburgh Hospital and partly in the Royal Infirmary of Edinburgh. The full programme is to be found in Appendix I but outlined below are some details of the content of certain sessions not given in the programme.

Monday On the first morning the students gathered in the Psychiatric hospital and were asked to complete an Attitude Inventory which was part of the Research project (this is described later).

The session entitled 'Crises of Psychiatric Illness' consisted of a lecture by one of the Professors of Psychiatry in which he gave a brief overview of the whole range of mental illness. This was followed by a discussion on 'Working Together in Mental Health' involving the ward staff, the chaplaincy team and parish clergy.

The afternoon was devoted to the presentation of three patients to the students by a Senior Registrar in Psychiatry, an experience which as we shall see aroused very strong feelings in some of the students. This was followed by

discussion in small groups.

Tuesday For the second day of the conference the whole group moved to the general hospital. After talks by two consultants on 'The Function of a General Hospital', the group split into four sub-groups and visited certain medical wards where they learned something of the working of a ward through conversation with medical and nursing staff. In the afternoon a consultant gynaecologist presented some cases interviewing the patients involved in the presence of the students. The day ended with a session on 'Pastoral Care in the General Hospital' in which the patients in groups discussed certain pastoral situations set out as case histories in a paper prepared by the hospital chaplain. For the Wednesday and Thursday the class was split in two, each half of the class spending a day in each of the two hospitals which offered the programme for the two consecutive days.

In the general hospital, the students visited an operating theatre and viewed an operation in progress, heard a lecture by a consultant surgeon on 'Surgery and the Surgical Patient', visited the Medical Renal Unit and participated in a seminar led by two social workers on 'Social and Emotional Factors associated with Physical Illness'.

The group attending the psychiatric hospital participated in a seminar on 'Pastoral Care of the Psychiatric Patient' in which the Chaplain and his assistant indicated the principles upon which their work was based and spoke of the opportunities which it presented. In the session entitled 'On Understanding Personal Problems', two psychotherapists presented a family problem in which both were involved, the one who was seeing the parents from a marital therapy perspective and the other, who was working with the teenage daughter as an adolescent problem.



On the final day the two groups came together again in the Royal Edinburgh Hospital, for a seminar on 'The Care of the Dying Patient' lead by a doctor, a ward sister and a hospital chaplain, and a lecture on 'Addiction' given by a sociologist. The conference ended on the Friday afternoon with some attempt at an evaluation of the week's experience both in small groups and in plenary session. The students had no direct contact with patients apart from those presented by the Senior Registrar in Psychiatry on the first day and by the Consultant Gynaecologist during the 'Patients and Pregnancy' session. Thus the students involvement was limited to observation, listening and asking questions of those leading the various sessions, and, probably of equal significance, the informal discussions which would take place throughout the week.

#### The Objectives of the Conference

A statement of the aims and objectives of the conference was set out in the programme as follows

The course is intended to be a basic introduction to the topic of pastoral care in hospitals. Within the limitations of the time available and the situations to be observed the Course has the following objectives:-

At the end of the Course the student should have gained

- (1) A basic understanding of how general and psychiatric hospitals function.
- (2) Some insight into the feelings of patients in hospital.
- (3) Some understanding of both the human and technical resources available for health care in the National Health Service.
- (4) A preliminary awareness of the interaction between patient, hospital and community.
- (5) Some ideas about the nature of Christian ministry in hospital.

- (6) An understanding of the implications for the work of the parish ministry in the community.
- (7) New insights in respect of his own theological reflection.

Such then was the programme prepared for the PTI students in March 1976. The next task was to recruit students to participate in the Research project being arranged in conjunction with the Conference.

#### Securing the Participation of Students.

The author was given permission to meet the whole class during the last week of the autumn term in December 1975 when the students were invited to participate in the research project<sup>1</sup>.

Questions were invited, practical arrangements discussed and sign-up sheets provided. Of the 37 members of the class, 32 initially agreed to participate in the project. A further 4 students did not complete all the questionnaires, one missing all and another missing part of the conference. Thus complete data were available for 28 out of 37 (76%) of the class.

As indicated in the introductory talk to the class, the students were really being asked to complete three separate questionnaires or inventories.

- (a) A biographical questionnaire
- (b) Part of the Theological School Inventory
- (c) An Attitude Inventory

There was also available an additional source of information about the students and their reaction to the conference, a set of 1,500 word essays evaluating the conference as a

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1 For full statement read to class see Appendix II page 293

preparation for pastoral ministry. These essays were required as part of the academic assessment but for the purposes of this research, they were analysed by a form of content analysis.

We now turn to a detailed consideration of the instruments used in this phase of the research project.

### The Instruments of Research

#### (a) The Biographical Questionnaire

This form (Appendix III(a)) was headed 'General Information' and was designed to gather basic information regarding the subjects. First the age, sex, marital status, nationality, educational attainment and religious denominations were asked for (Questions 1 - 6). Question 7 sought information regarding previous employment and whether the subject had ever previously worked in a hospital. This question together with Question 11 (Do you have any near relatives who are closely connected with a health profession?) and Question 12 (Have you any personal experience as a patient in hospital?) were inserted to see whether reactions to the conference experience were in any way influenced by previous contact with hospitals. Information was also obtained regarding the subjects' religious development and experience in church work (Question 9) and future vocational plans (Question 8). The students were also asked to identify their own theological position (Question 10) and to make explicit their previous practical experience and reading in pastoral care and counselling (Question 13). This questionnaire was completed in college about a month prior to the conference.

(b) The Theological Schools Inventory

"The Theological School Inventory provides a description of the motives which the candidate for the Protestant ministry regards as instrumental in his vocational decision. It is a self-report psychological measuring instrument designed specifically for the guidance of students who are beginning professional preparation in a theological school. It may be regarded as a relatively unsophisticated instrument in so far as it draws no explicit attention to processes of personality dynamics or to such criteria as 'mental health' or 'effectiveness' of ministry. It may be regarded as a highly sophisticated instrument in so far as it acknowledges and helps to articulate many of the subtle queries and concerns a ministerial candidate may have about his vocational decision - or others may have on his behalf"<sup>1</sup>

The above quotation is the first paragraph of the General Description of the TSI, an instrument developed in the United States, beginning in 1956, to measure a theological student's conscious motivation for entering the ministry. It was based on a full content analysis of the statements actually made by a sample of ministers about their vocational decisions under conditions in which there was reason to believe the respondents were thoughtful and candid.

The inventory yields three categories of information

- (1) Biographical Data This section of the inventory was not used in our research but was replaced by the Biographical Questionnaire described above. There were two reasons for this decision: (a) in order to provide the data, the students were required to complete a somewhat long section of a long inventory and it was considered unwise to 'overload' the students; (b) it was considered that a shorter more relevant questionnaire was more appropriate for this study.

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1 J.E. Dittes. A Manual for the Use of the Theological School Inventory (Ministry Studies Board, Dayton, Ohio 1964) p. 1

(2) Seven scales measuring categories or components of motivation These are

- (A) Acceptance, the influence and support of others especially family.
- (I) Intellectual Concern, or the desire to study and think through theological and related intellectual questions.
- (F) Self-Fulfilment, a strong inner compulsion and expectation of personal fulfilment in the ministry.
- (L) Leadership Success, confidence in performing the work of a minister with skills and satisfaction.
- (E) Evangelistic Witness, the desire to witness to the gospel and carry the Christian message to the world, leading people to Christ and his church.
- (R) Social Reform, the concern for the injustices and evils in society and a desire to help alleviate them.
- (P) Service to Persons, the motivation to offer personal help and support to people in time of crisis - illness, death, personal problems, the traditional concerns of pastoral care.<sup>1</sup>

These provide 'ipsative' scores and indicate the relative weight of the various motivations within each student. They are not an objective measure of their strength per se but represent a ranking of these motivations. The items appear in various combinations of three which the student is asked to rate 'most', 'next' and 'least'. The scales therefore represent a ranking of these motivations with high scores

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1 Description of scales taken from Sue W. Cardwell, The Theological School Inventory. Is it still valid, Theological Education, 10, 1973-74. p. 96



being the ones which the students rated most frequently as being influential in the decision for the ministry.

(3) Five independent or Absolute Scales indicating Strength of Motivation and Personal View of the Process Involved

These are:-

(CC) Call Concept, an image of what constitutes the authentic, normative, or preferred call or decision for the ministry.

(NL) Natural Leading, feeling confident, comfortable and natural in assuming the role of minister.

(SL) Special Leading, experiencing a direct special or unique call from God to enter the ministry.

(D) Definiteness, degree of certainty about personally entering some form of professional ministry.

(FL) Flexibility, openness to change, ambiguity and flexibility.

It must be stated here that the TSI was used in this project in a way in which it was not primarily intended. It was designed initially to provide scores which would serve as a basis of discussion between individual students and trained counsellors concerning the student's vocation to the ministry and his/her reaction to the process of education for the ministry. The Inventory was used in this research to see if it were possible to identify groups of students according to their dominant conscious motivation for entering the ministry. Two sets of scores were of particular interest, the E and the P scores, the high E scores indicating those students whose conscious motivation corresponded to the traditional evangelical motivations for entering the ministry, the desire to preach the Gospel and to lead people to Christ, and the high P scores indicating those students whose motivation could be described in terms of the traditional concerns of pastoral care, the desire to help and support people in the crises of life.

These scores were of particular interest because the class had normally had a proportion of conservative evangelical students within it and it was desired to investigate how these students reacted to this style of theological education as opposed to those students whose primary motivation was of a more 'pastoral' nature.

Without wishing to anticipate the analysis of data set out in the next chapter it is simply recorded here that it was possible to isolate two virtually mutually exclusive groups of 'high P' and 'high E' scores with 12 members in each group <sup>and</sup> ~~even~~ that this grouping can be shown to represent a liberal-conservative theological polarity.

(c) The Attitude Inventory

A 40-item Attitude Inventory was constructed to investigate attitudes to certain issues related to the concerns of the conference and changes in these attitudes as a result of participation in the conference. While Campbell did not attempt to measure attitude change, he did use an instrument which he called 'Attitudes to the relationship between Psychiatry and Church work'. This consisted of a set of statements to which subjects were asked to respond 'yes' or 'no'.

e.g. There is some common ground between the practice of psychiatry and church work

Yes ..... No .....

He also used as a measurement of value Osgood's Semantic Differential Test in which the subjects are invited to respond to a group of concepts by rating them on a set of bipolar scales. This was considered as a method of measuring attitude change in this research, but was rejected in favour of a method relying more on face-value responses.

There were four areas of concern which were considered to be of possible significance in this project

- (a) Attitudes to hospitals
- (b) Conceptions of ministry
- (c) Attitudes to psychiatry
- (d) Attitudes to ethical issues

A list of 40 statements was drawn up (10 statements in each of the above four categories), partly based upon the statements used by Campbell and partly from a consideration of the issues likely to be raised through participation in the conference. An example is given for each of the four categories listed above

- (a) Patients are not given enough information regarding their illness and treatment.
- (b) The hospital chaplain should be more concerned with pastoral care than evangelism.
- (c) There is some common ground between the practice of psychiatry and pastoral care.
- (d) If it is known that a woman will probably give birth to a deformed child, she should be encouraged to have an abortion.

The full inventory on which the 40 items are randomised is to be found in Appendix III (b) page 297.

The students were asked to respond to these statements on a 7-point scale from 'strongly agree' through 'don't know' to 'strongly disagree'. The participants were randomly divided into two equal groups, each group filling in the inventory three times as follows-

	<u>Mid-February</u>	<u>Mid-March</u>	<u>Mid-April</u>	<u>Mid-May</u>
Group A	X	X	X	-
Group B	-	X	X	X

Sub-group A completed the inventory at the same time as they filled in the TSI. The Mid-March administration took place at the very beginning of the conference, and all participants

were requested to complete it again in Mid-April during the last few days of the Easter vacation but before the start of the summer terms (i.e. before the recommencement of the 'academic' module on pastoral care and counselling). The final administration of the inventory involving sub-group B, took place during the last week of the summer term. The rationale for this was to compensate for the lack of a control group and to ensure that any attitudinal changes detected were the result of participating in the conference and not simply of completing the questionnaires. Instead of being asked to fill in the inventory at the close of the conference the subjects were asked to wait for about three weeks in order to eliminate any immediate post-conference 'peaking' effects. Sub-group B was asked to complete the inventory a month later still to see if there were any changes which tended to 'tail off' or be accentuated with the passage to time.

(d) Content Analysis of Student Essays

There was one further source of information about the students and their reaction to the hospital experience. It was a standard feature of the evaluation of these conferences that the students were asked to write an essay, the rubric for which read as follows -

Students are required to write an essay (approximately 1,500 words) evaluating the hospital experience as a preparation for the pastoral ministry, to be submitted to Professor J.C. Blackie not later than 14 April 1976, (Value under continuous assessment 12½ marks).

These essays therefore had to be written during the remainder of the Easter vacation and were a potentially rich source of highly personal reactions to the conference if only the material could be systematised in some way. The method chosen was a simple form of Content Analysis. While the students were required to write the essays as part of their

academic assessment, it is not this aspect of the essays with which this research technique is concerned. Holsti lists several definitions of Content Analysis of which the best for our purpose is that of Berelson.

Content Analysis is a research technique for the objective, systematic and quantitative description of the manifest content of communication.<sup>1</sup>

It is a technique which has been used with increasing frequency during this century to analyse the content of political speeches, newspaper editorials, psychiatric interviews and indeed almost any form of verbal communication. It can be a somewhat laborious and time-consuming technique but the advent of computerisation has taken much of the drudgery out of the work. Discussion with people skilled in its use<sup>2</sup> indicated that computerisation was particularly useful in 'General Inquiry' systems of analysis in which a complete text is scanned to allow the emergence of categories inherent in the text. In the case of the analysis of the essays in question however, it is possible to delineate certain categories prior to undertaking the analysis. Further the volume of written material to be examined (28 essays of approximately 1,500 words each) was not unmanageably large. It was therefore decided to dispense with the aid of computers and to analyse the texts for references to certain obviously recurring categories.

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1 I.B. Berelson, Content Analysis in Communication Research (Glencoe Ill. Free Press 1952) p. 18

2 e.g. Miss Rosemary Johnson, Lecturer in Sociology, University of Edinburgh



These were

- I References to the seven objectives set out on the front page of the conference programme.
- II References to the various sessions of the conference.
- III References to certain issues or themes arising from the conference.

(Each of these categories had several sub-categories)

The results of this analysis are given in full in the next chapter. It should perhaps be pointed out here however that after a preliminary analysis of the essays, there emerged a further type of statement which had not originally been allowed for. This type of statement can best be described as indicating an awareness of anxiety on the part of the students concerning certain aspects of the hospital experience. The essays were further analysed and these 'anxiety statements' attributed to the various categories of students revealed by the TSI. It was found that the differences between the P and E students was particularly significant. The evidence for and implications of this finding will be discussed later.

#### The Easter Vacation Conference of 1978

##### - An Attempt at Replication

A preliminary analysis of the results of above tests was available when the time came to prepare for the Easter vacation conference of 1978, two years later. The programme was very similar with certain changes which are listed below. It was decided to investigate whether the results of 1976 could be replicated using slightly modified questionnaires. There were 23 students in the Practical Theology I class of 1977-78, of whom 19 (83%) agreed to participate in the project having been invited to do so in the same manner as before.

Certain changes in the programme were made either by necessity or intention.

1. Since what would normally have been the last day of the Conference fell on Good Friday, the Conference began the previous Friday ending on the Thursday afternoon.
2. On the Sunday which fell during the Conference students were given the opportunity to attend the regular services of worship in the Royal Infirmary, Royal Edinburgh Hospital and Gogarburn Hospital (mental subnormality).
3. Since the group was manageably small it was not split into two sub-groups for certain days at the Royal Infirmary and Royal Edinburgh Hospitals as before.
4. The following sessions present in the 1976 programme were omitted from the 1978 programme -
  - a) Lecture on 'Crises of Psychiatric Illness'
  - b) Seminar on 'Social and Emotional Factors Associated with Physical Illness'
  - c) Seminar 'On Understanding Personal Problems'
5. The following sessions were introduced or were developed from previous conferences -
  - a) Seminar on 'Working Together in Mental Health'

This session was doubled in length to last a whole morning and took the form of a dialogue between local ministers and a consultant psychiatrist, in which an attempt was made to establish a positive role for the parish minister in the support of mentally ill people or those at risk in the community. This session in fact became the main vehicle for the communication of information regarding mental illness.
  - b) Session on 'Addiction'

This was expanded to include a contribution from the Secretary of the Edinburgh and District Council on Alcoholism on 'Support Systems and Education'.

c) A consultant psychotherapist spoke on 'Good Grief - Reflections on Bereavement'.

d) On the final afternoon, the chaplaincy staff led a discussion on 'Getting it Together in Pastoral Care', an attempt to enable the students to reflect upon different modes of learning in the practice of pastoral care.

The questionnaires were distributed on the last teaching day of term and the students asked to complete and return them by the first morning of the conference. The questionnaires used were as follows:-

- (a) The biographical questionnaire - as before
- (b) The Theological School Inventory - On this occasion only the seven 'ipsative' scales were used since the main focus was on whether there would be a similar differential on the P and E scales. And again, there was felt to be a danger in asking the students to fill in too many forms.
- (c) The Attitude Inventory - The same inventory was used as before, but simply on a 'Pre-test, post-test' basis, i.e. the group was asked to complete this on only two occasions, once during the few days prior to the conference and again during the last few days of the Easter vacation, corresponding to the mid-March and mid-April administrations in 1976. This dispensed with the 'internal control group' generated by the mid-February and mid-May administration of the inventory but was considered to be justified on the basis of the negligible changes which took place between February and March and between April and May two years previously.

- (d) Content Analysis of Student Essays - As was the custom, students were asked to write an essay reflecting upon the hospital experience as a preparation for pastoral ministry, an exercise which it will be recalled was primarily a mode of academic assessment but which was incidentally a rich source of information relevant to this research project.

As a result of the analysis of the 1976 essays the rubric was expanded somewhat and read as follows:-

'Students are requested to write an essay (approximately 1,500 words) evaluating the hospital experience as a preparation for pastoral ministry focusing particularly on the following points:-

- (1) The presuppositions (regarding hospitals, illness, suffering, etc.) which you brought to the conference.
- (2) Your own personal reactions to the conference as a whole and possibly to certain sessions of the conference.
- (3) What you think you have learned from the conference which will be helpful to you in your pastoral ministry generally.
- (4) What future role you see for yourself as a minister visiting patients in hospital.

The above four points were added to encourage the students to address themselves to issues which seemed to be dominant in the previous set of essays. It was realised that this imposed more structure upon the students with a corresponding loss of 'free association' but it was considered that this would be compensated by the fact that the essays would address themselves to the same issues. In any case there was still room for a considerable freedom of expression within the four points.

- (e) The IPAT Anxiety Scale Questionnaire - This was an additional test, used only with the 1978 students. As indicated on page 83 Control Analysis of the previous set of essays had revealed a category which could be

described as 'indicating an awareness of anxiety on the part of the students concerning certain aspects of the hospital experience'. Further it was found that there was a significant difference on this factor between the 'high P' and 'high E' scores as defined by the TSI. It was therefore decided to seek an instrument which would provide some independent measure of Anxiety and to see how the scores obtained related to other information obtained from this group of students.

The instrument chosen was the IPAT Anxiety Scale Questionnaire described in the Hand Book thus:-

The IPAT Anxiety Scale was developed from extensive research and practice as a means of getting clinical anxiety information rapidly, objectively and in a standard manner. It is a brief, non stressful clinically-valid questionnaire for measuring anxiety, applicable to all but the lowest educational levels and appropriate for ages 14 or 15 years and upward through the adult range.<sup>1</sup>

The Scale consists of 40 questions distributed among five anxiety-producing factors (or components) according to each components centrality as a source of expression of anxiety. More important from the point of view of this project however, the 40 items can also be sub-divided into two groups of 20 each into (a) those items which manifestly refer to anxiety, the score from which may be called overt, symptomatic, conscious anxiety (in the last 20 items of the test) and into (b) the more covert hidden-purpose cryptic probes of the first 20 items.

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1 R.B. Cattell and I.H. Scheier, Handbook for the IPAT Anxiety Scale Questionnaire (Second Edition 1963 with 1967 Supplementation. Institute for Personality and Ability Testing Campaign Ill.) p. 5



Each of the 40 items has three alternative answers and the whole test can be completed in about 5 minutes. By means of a scoring key, the scores are computed rapidly in about a minute.

The Construct or Internal validity of the Scale has been estimated by three independent methods and all produce a Total Scale Construct Validity in the range 0.85 - 0.90. The authors also list from separate sources of confirmation of the External Concrete Validity though not all of these are expressible numerically. The reliability of the total scale, if not that of the five part scales, also appears to be good.

This concludes the description of the Programme of the Easter vacation conferences and of the various questionnaires completed by the students who participated in them. In the next chapter we shall turn to an analysis of the data obtained from this exercise.



## CHAPTER IV

### THE EASTER VACATION CONFERENCE

#### (b) ANALYSIS OF DATA

This chapter will summarise the data obtained by the methods outlined in the previous section. The results obtained from the 1975-76 class will be set out first, and will be followed by the results of the replication exercise in 1977-78. The significance and relationship between these two sets of data will then be examined.

#### A. The Practical Theology I Class of 1975-76

##### a) Biographical Data

This group consisted of 20 men and women, their average age being 25.9 years (Range 50 - 19). 14 already possessed a university degree, 13 were studying for a first B.D., and one was a non-graduating student. Of the 27 studying for a first or second B.D., 23 were in the first year of their course, 11 in the second, 3 on the third and one in a fourth year. Exactly half the class had engaged in some permanent occupation before reading Theology, these previous careers including teaching (6), the Civil Service (2), science, journalism and accounting; one member of the class had been an electrician and another a nursing auxiliary. 17 subjects gave Scotland as their country of origin, the others listed being 'U.K.' (3), England (5), Northern Ireland (2) and Wales (1). The group contained 25 Presbyterians of one kind or another (18 Church of Scotland), a Baptist and an Episcopalian; one person listed no denominational allegiance. 23 members of the group had been baptised in infancy and 6 as adults (one person having been baptised twice). 21 persons had been

confirmed at an average age of 18 years (range 12 - 24) and 24 listed a fair amount of previous experience in church work (Sunday Schools, Bible Classes, etc.). Three of the group had some previous experience of working in a hospital and two had close relatives working in hospital (in one case father was a doctor and in the other both mother and a sister were nurses). 17 had some previous experience of being in a hospital, six of them having been in hospital as a child.

The dominant vocational intention was that of parish minister, 21 members circling this option, the others being deaconess (1), missionary (2), theological teachers (3) and chaplaincy work (4) (some listed more than one). No one admitted to any kind of previous psychological treatment, though the wife of one student had been a patient in the Royal Edinburgh Hospital. Five members of the group had had some kind of specialised training in the study of human relationships (three in Transactional Analysis, one in the Samaritans and one in Encounter Groups). As far as previous reading in psychiatry or religious counselling was concerned, 12 stated 'none', 13 'some' and 2 'fairly extensive'.

b) The Theological School Inventory

The Theological School Inventory (henceforth referred to as the T.S.I.) was used as described in the previous chapter. The scores obtained are set out on Table 1. Two scales were examined with particular interest. These were

- 1) The P (Service to Persons) Scale, which it will be recalled emphasises personal help to individuals under stress and enabling their growth, a scale of obvious interest in the context of this conference.

2) The E (Evangelistic Witness) Scale, which is a measure of the subject's desire to witness and to proclaim the Gospel and carry the Christian message to the world. This was of particular interest because of the large number of Conservative-evangelical students in this and previous classes.

These two sets of scores were listed in decreasing order and the outcome of this exercise was of considerable significance. For with one exception (student A3), the students fell into two distinct and mutually exclusive groups before a point was reached where it became difficult to assign the students to either group. The exception, A3 was a high scorer on both scales. Since however this student's E score was higher than her P score, she was allocated (provisionally) to the high E group. An examination of the remaining P scores indicated that four students had scores greater than 19 and 8 students had scores of 19. This score was therefore taken as a 'cut-off point' for the high P scores and these 12 students allocated to a 'high P' group. It was then found possible to allocate an equal number of students (including A3) to a 'high E' group with a 'cut-off point' on the E scale of 17. A chi-squared test was then performed to see whether these cut-off points led to a significant differentiation of groups within the class.

TABLE 2

Distribution of P.T.I class of 1975-76 according to P and E scores on T.S.I.

	P $\geq$ 19	P < 19
E $\geq$ 17	1	12
E < 17	11	14
		P < 0.01



TABLE 1

THEOLOGICAL SCHOOL INVENTORYScores for Practical Theology I 1975-76

	A	I	F	L	E	R	P	D	NL	SL	CC	FL
A1	9	14	12	16	1	10	(21)	50	42	35	37	51
B2	7	8	8	1	(21)	16	16	58	40	48	55	49
A3	5	4	8	13	(23)	7	21	61	46	55	55	44
A5	4	7	17	10	(17)	11	13	42	42	50	48	58
B6	11	7	12	11	3	15	(23)	46	37	42	44	52
A7	11	10	15	11	10	9	18	49	49	57	52	55
B8	17	10	7	11	(19)	3	16	58	54	49	51	49
A9	7	8	16	10	(21)	11	9	62	49	59	56	38
B10	2	11	20	7	(23)	9	12	61	46	71	61	50
A11	1	14	14	6	15	14	(20)	52	54	54	55	56
B12	6	10	13	10	14	12	(22)	62	44	56	51	48
B14	9	7	6	13	5	18	(19)	46	43	41	45	49
B16	8	0	17	12	8	20	(19)	58	49	43	52	55
B18	6	13	20	11	11	4	(19)	50	42	43	51	52
A19	7	13	12	16	8	9	(19)	58	62	47	42	40
A21	6	14	9	13	4	21	(19)	38	40	43	53	60
B22	8	14	8	12	4	16	(19)	56	41	43	37	58
A23	8	13	9	10	(19)	4	11	60	53	56	56	49
B26	14	7	8	15	13	11	15	56	39	47	48	45
A27	11	16	11	11	11	11	(19)	60	58	50	54	52
B28	9	1	18	14	14	7	(19)	57	49	50	56	46
A29	7	6	10	18	(17)	10	16	52	64	50	43	45
A31	9	1	14	10	(24)	8	18	54	44	52	52	46
B32	9	13	5	11	16	17	13	56	53	57	54	52
A33	11	10	8	12	13	12	15	54	47	54	51	51
B34	8	12	10	10	(24)	4	17	57	62	50	62	64
A35	7	7	14	12	(24)	14	16	57	56	49	62	45
B36	2	9	13	6	(23)	12	12	59	49	57	69	65

The chi-squared reveals that the division of the class into high P and high E scores is in fact highly significant on the above basis. We now ask however whether this splitting reflects a more fundamental division within the class, and in particular in view of the definitions of the P and E scales, whether the two groups as already defined are a reflection of a liberal-conservative polarity. The Manual of the T.S.I. suggests two criteria by which this polarity may be discerned.

- 1) The Manual states that on the conservative-liberal dimension, the 'conservative' end is defined by high SL, CC, E, D and F scores and the 'liberal' end by high L, FL, I, R and P scores.<sup>1</sup>

Table 3 lists the mean scores for each of the two groups on all of these scales, the value of p derived from Mann-Whitney tests of significance and what are considered to be high and low scores for each scale as listed by the Manual.

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1 R.A. Hunt, S.W. Cardwell and J.E. Dittes.  
Manual of the TSI (Ministry, Studies Board,  
Dallas, Texas. 2nd Edition 1976) p. 64

TABLE 3

Comparison of mean scores on other scales of the T.S.I.  
for 'high P' and 'high E' groups

	<u>High P</u> <u>Group</u>	<u>High E</u> <u>Group</u>	<u>p</u>	<u>'High'</u>	<u>'Low'</u>
<u>SL</u>	45.6	50.5	<0.01	59	40
<u>CC</u>	48.2	55.8	<0.01	Range 70 - 30	
<u>NL</u>	46.8	50.4	<0.01	60	44
<u>FL</u>	51.9	48.5	<0.01	60	40
<u>D</u>	52.8	56.8	<0.01	60	50
<u>A</u>	7.0	6.9	N.S.	12	4
<u>I</u>	10.3	8.0	<0.01	15	7
<u>F</u>	12.7	12.2	N.S.	14	6
<u>L</u>	12.1	9.0	<0.01	16	8
<u>E</u>	14.8	21.3	<0.01	19	9
<u>R</u>	13.1	9.1	<0.01	14	7
<u>P</u>	19.8	8.2	<0.01	19	13

Thus our high P group differs significantly from our High E group on 9 of the 10 relevant scales. While the difference on the F (self-fulfilment) scale is not significant, the E group is significantly higher on SL, CC, D and E while the P group is significantly higher on FL, L, I, R and P, reflecting almost precisely the characteristics of the conservative and liberal students as set out in the Manual.

- 2) The Manual of the T.S.I. also states that one of the best methods of classifying students as 'liberal' or 'conservative' is their own rating of their theological position.<sup>1</sup> These self-ratings as obtained from the biographical data are -

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1 Ibid.

### P Group

A1	Neo-orthodox
B6	Don't know
A11	Charismatic partly evangelical
B12	Charismatic evangelical
B14	Don't know
B16	Moderate liberal
B18	I don't know yet
A19	None in particular
A21	Roger Schutz (Prior of Taize)
B22	Pannenberg - interested in Theology of Hope
A27	St. John of the Cross
B28	Prof. Torrance. Evangelical but not Fundamentalist

### E Group

B2	Not a fair question to a person in first year of theological training but ecumenical certainly
A3	Conservative Evangelical
A5	Augustine and Calvin
B8	T F Torrance
A9	Conservative evangelical
B10	Reformed/Orthodox Conservative
A23	-
A29	John Baillie
A31	Conservative Evangelical
B34	Charismatic Evangelical?
A35	Biblical (but don't like labels)
B36	A Conzelmann

One is struck by the fact that on the whole the theological convictions of the P group are far less well formed than those of the E group. Further there is obviously some degree of overlapping between the two groups. However one can say that while the P group is characterised by a 'middle of the road' to 'Liberal' stance, the E group is characterised by a 'middle of the road' to 'conservative' stance.

Taken together therefore, the scores of the P and E groups on all the scales of the T.S.I., and the self-description of their own theological stance, we can say that the T.S.I. allows us to isolate two equal groups of twelve students which differ from one another on the 'liberal-conservative' dimension. From this point onwards therefore, as well as being interested in what happens to the total group during

the conference, we will also be interested in the difference between the P (Liberal) and E (Conservative) groups and in their respective responses to the conference experience. (It will be recalled that when these two groups were formed, student A3, despite her high P score was placed among what turned out to be the more conservative group of students, on the grounds that her E score was greater than her P score. Was this classification correct? A comparison of her scores with the mean scores for the conservative group reveals that with the exception of her P score and her L (Leadership) score, her own score was almost the same as the conservative group mean on one scale (CC), and on the other eight scales, further towards a conservative position than the group as a whole. Further she defines her own theological stance as 'conservative evangelical'. We therefore conclude that student A3 has been correctly classified).

c) The Attitude Inventory

It will be recalled that the total group of students were randomly divided into two sub-groups and that each of these sub-groups completed the Inventory three times at monthly intervals as follows

	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>
Group A	X	X	X	-
Group B	-	X	X	X

The March administration of the test took place at the beginning of the conference. Thus a comparison of the scores obtained in February and March enables us to discover if the completion of the Inventory alone has an effect upon Student attitudes and a comparison of the April and May scores enables us to see whether further changes in attitude take place with the passage of time after the conference. In this section we shall examine and compare



- 1) The mean scores of sub-groups A and B in February and March and again in April and May.
- 2) The mean scores of the total group in March and April.
- 3) The mean scores of the P (Liberal) and E (Conservative) groups of students in March and April.

1) (a) Comparison of the mean scores of sub-group A in February and March.

The two sub-groups A and B had been formed simply by assigning students to them alternately from the alphabetical list of students, giving two groups of 14 students. The students having responded to the 40 items as a seven-point scale, a mean value was obtained for each item for the Group A students in February and March and the mean scores tested for significant differences by means of the Wilcoxon Test. These mean scores are listed in Table (44 a). The Wilcoxon test revealed no significant differences between the two groups on any of the 40 items. We therefore conclude that the taking of the test itself did not produce any significant changes.

1) (b) Comparison of the mean scores of sub-group B in April and May.

Mean scores were similarly obtained for sub-group B and tested for significant differences. These are listed in table ( 44 b) and statistically significant differences indicated by an asterisk. The results show that on only two out of the 40 items was there any significant shift. These were on item 25 ('Hospital Staff are more interested in cure than care') and item 24 ('If spiritually healthy then mentally healthy').

It is interesting to compare these results with the other information we have on these items as set out in the following table

TABLE 4

Data for questions 24, 25 on four administrations of Attitude Inventory.

Question No.	Group A		Total Group		Group B	
	Feb	Mar	Mar	April	April	May
25	4.43	4.64	4.75	4.92	5.00	3.75
24	3.64	4.36	4.61	4.43	4.56	5.58

The above figures indicate that on these two items further reflection upon the issues resulted in significant changes taking place in student attitudes some time after the conference experience, though it is worth noting that while in item 24 the change indicates an enhancement of a developing attitude (i.e. as time went by students were less inclined to equate spiritual health and mental), in the case of item 25 further reflection tended to negate a developing attitude, (i.e. while the period February - March saw a slight but not significant shift towards disagreeing with the statement that hospital staff were more interested in cure than care, the post-conference period saw a significant shift in the opposite direction). It may be relevant that in the period April - May, the students were involved in the academic portion of the pastoral counselling module of the P.T.I. course, in that particular year with two of the hospital chaplains as lecturers, (while the regular lecturer was on sabbatical leave) and it is possible that the above changes may have been the result of attitudes conveyed during this period of teaching. This does not explain why these two items alone showed post-conference changes and it may well be that they are simply random occurrences.

Nevertheless we may with reasonable confidence conclude

- 1) that the completion of the Attitude Inventory does not in itself produce significant changes in attitudes.
- 2) that, generally speaking, post-conference reflection does not usually produce significant changes. It would have been good however to run the test again after a much longer interval of time, say after 3 or 6 months. This however was not a practical proposition.

We can now proceed to examine the immediate pre- and post-conference scores for the total group and the P and E sub-groups.<sup>1</sup>

2. Mean scores of total groups in March and April (pre - and post-conference scores).

In this and subsequent sections, each of the four sub-sections dealing with the four separate sections of the Inventory will be considered separately. We shall first of all consider the pre-conference attitudes of the groups and then the effect of participation in the conference. It will be recalled that the students were asked to respond to the 40 items in a seven point scale in which

- 1 = strongly agree
- 2 = agree
- 3 = slightly agree
- 4 = don't know
- 5 = slightly disagree
- 6 = disagree
- 7 = strongly disagree

Mean values were calculated for each item. It is proposed to take the quite arbitrary range 3.50 - 4.50 as reflecting a 'Don't know' consensus in the group. We shall then see on which items the mean value fell within this range and

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1 These scores are set out in Tables I - IV, (Appendix 45 , p303/6) where a full explanation of the tables is also given (p.307 )

which did not. Having considered the pre-conference attitudes we shall then observe on which items there was some statistically significant change.

## I. Attitudes to Hospitals

### Pre-Conference Attitudes

On this dimension five items fell within the arbitrary 'Don't know' range.

- 10. Hospitals are frightening places (3.86)
- 20. The prognosis for cancer patients is poor (3.75)
- 8. Patients should be told their prognosis even if it is a poor one (3.75)
- 22. Major surgery is something to be feared (3.68)
- 29. Confidentiality is not sufficiently respected regarding the personal affairs of patients (4.32)

There was a tendency to agree with the following statements

- 23. Doctors generally do not give sufficient attention to patients' beliefs and values (3.39)
- 1. Patients are not given enough information regarding their illness and treatment (3.28)
- 36. Health is not to be equated with freedom from physical disease (2.29)
- 13. The quality of life is more important than its length

There was a tendency to disagree with the statement

- 25. Hospital staff are more interested in cure than care

Thus, on this dimension, with five mean values falling within our arbitrarily defined 'Don't know' range, the students were generally content to suspend judgement upon the hospital scene though two items (23 and 1) do not reflect favourable attitudes to hospitals.

## The Effect of Participation in the Conference

On three items in this section there were statistically significant differences between the pre- and post-conference scores.

The students move towards agreeing with item

8. Patients should be told their prognosis even if it is a poor one ( $3.75 \rightarrow 2.78$ ;  $p < 0.01$ , F-ratio)

and moved towards disagreeing with items

1. Patients are not given enough information regarding their illness and treatment ( $3.78 \rightarrow 4.46$ ;  $p < 0.01$ , Wilcoxon test and F-ratio)
29. Confidentiality is not sufficiently respected regarding patients beliefs and values ( $4.32 \rightarrow 5.29$ ;  $p < 0.01$ , Wilcoxon  $p < 0.001$  F-ratio)

Thus the effect of participation in the conference is to change attitudes both towards believing that patients ought to be told more (8) and that are in fact given more information than was previously believed (1). And if item 1 indicates a move towards a more favourable view of hospital staff, so does item 29 regarding confidentiality. In the case of the other item which reflected unfavourably on hospital staff (23) there was a shift towards believing that doctors did give sufficient attention to patients' beliefs and values though this did not reach statistical significance and the mean value (3.64) was still on the 'unfavourable to hospitals' side. (It is interesting to note however that item 23 was the only additional item on this section of the inventory which showed a statistically significant shift (from  $3.94 \rightarrow 4.82$ ;  $p < 0.05$  Wilcoxon,  $p < 0.01$ , F-ratio)). Students come to the conference either agnostic about hospitals or with some unfavourable attitudes, the effect of participation in the conference was to change



these attitudes in a direction which was more favourably disposed to hospital staff.

## II. Conceptions of Ministry Pre-Conference Attitudes

Using the same criteria as before, four items in this sub-section fell into the 'Don't know' category.

- 12. The hospital chaplain is usually regarded by the hospital staff as a member of the therapeutic team (3.75)
- 2. The hospital ministry is one which I might one day consider (3.89)
- 11. The hospital chaplain is too identified with the hospital staff (4.11)
- 27. In counselling a dying patient, the main role of the pastor is to offer forgiveness of sins in Jesus Christ (3.89)

There was a tendency to agree with the following statements

- 7. The hospital chaplain should regard himself primarily as a representative of the Church (3.47)
- 33. Co-operation between Hospital Chaplain and parish minister is important in pastoral care (1.68)
- 37. The Hospital Chaplain should be more concerned with pastoral care than evangelism (2.93)
- 32. Ministers of local congregations have a significant part to play when members of their congregation are in hospital (1.71)
- 38. In the face of human suffering it is sometimes difficult to speak a specifically Christian word (3.25)
- 14. Participation in a hospital course is liable to change one's conception of ministry (3.07)

Thus from the items on which there was a tendency to form a group opinion, we see a definite emphasis on the role of

the parish minister (32 and 33) and a belief that while the chaplain should see himself primarily as an agent of the church (12) he should be more concerned with pastoral care than evangelism (37). We also detect an impression that there are no easy answers (especially Christian ones) to difficult human problems (38), and a belief, interesting at the start of this conference that participation in the hospital experience may change one's conception of ministry.

#### The Effect of Participation in the Conference

On two items there were statistically significant shifts of opinion on this dimension following the 1975/76 administration of the inventory. The students moved towards agreeing with items.

12. The hospital chaplain is usually regarded by the hospital staff as a member of the therapeutic team (3.75  $\Rightarrow$  2.75;  $p <$  Wilcoxon and F-ratio)
37. The hospital chaplain should be more concerned with pastoral care than evangelism 2.93  $\Rightarrow$  2.50;  $p <$  0.05 (Wilcoxon)

(The 1977/78 administration of the test confirmed both of these changes at a statistically significant level and a statistically significant change on one further item.

11. The hospital chaplain is too identified with the hospital staff (4.60 5.50;  $p <$  0.05 (Wilcoxon)

The 1975/76 administration displays a similar tendency to move towards disagreeing with this statement but did not reach the statistical significance).

It is interesting to note that in this subsection dealing with conceptions of ministry, the statistically significant changes relate to the role of the hospital chaplain, and that while the students become more inclined to perceive the chaplain as a member of the therapeutic team (12) they do not see him as being too identified with the hospital staff (11). This emphasis upon the role of the chaplain

would seem to indicate that the conference - inevitably if not deliberately - focuses upon the chaplain as a model for ministry in hospitals. This is perhaps not surprising in view of the part played by the chaplains in setting up the conference and their continual presence during the course of the week.

### III Attitudes to Psychiatry

#### Pre-conference attitudes

On only one item in this sub-section did the mean score of the total group fall within the 'Don't know' range (the students had more definite views on psychiatry than they had of either hospitals or ministers!). This was on item

6. Mental illness is unlike anything I have ever experienced. (3.94)

There was a tendency to agree with items

39. Theology has some insights to acquire from psychological and psychiatric therapy. (2.21).
4. Psychology and psychiatric therapy have some insights to acquire from theology. (2.21).
17. Psychiatry and social work have taken over much of what the minister used to do in the past. (3.21).
21. I can think of situations where it would be difficult to say who could help more, the minister or the psychiatrist. (2.85).
19. There is some common ground between the practice of psychiatry and pastoral care. (2.39).

There was a tendency to disagree with the following items

24. If spiritually healthy then mentally healthy. (4.61).
15. I am not convinced of the direct relevance of psychiatry to the work of the ministry. (5.18).
28. Perhaps I could just as easily have been a psychiatrist as a minister. (5.64).

18. The main difference between the psychiatrist and the minister is that the minister has a call from God. (4.68).

Thus while the students believe that there is some overlap between the disciplines of psychiatry and the ministry (19), that there is room for dialogue between them (4 and 17), and that in some cases it is difficult to say who could be of more help (21), they do not see this as questioning their own calling as ministers (28), though they would not go as far as saying that the minister alone has a call from God (18).

#### The effect of participation in the conference

As a result of participation in the conference, only one statistically significant change was recorded on this dimension. The students moved towards agreeing with item number

19. There is some common ground between the practice of psychiatry and pastoral care (2.39  $\rightarrow$  2.03;  $p < 0.05$  Wilcoxon).

(This was not confirmed by the 1977/78 administration though the pre- and post-conference scores, both 1.88, were further towards the 'agree' end of the spectrum. The 1977/78 administration showed two further changes of statistical significance, but the implications of this will not be discussed until a fuller analysis of the replication exercise is undertaken).

#### IV Attitudes to Ethical Issues

##### Pre-conference attitudes

Responses to five items in this section gave mean values in the range 3.50 - 4.50 as follows-

30. If an old man with an advanced painful cancer develops pneumonia he should not be given anti-biotics (4.00).

16. Medical experimentation on a patient with no direct therapeutic benefit for him is justified on the grounds that others may benefit. (4.07).
3. Contraceptives should not be so readily available to the unmarried. (4.21).
40. It is not wrong to switch off a respirator when the patient suffers from such brain damage that he is no more than a 'vegetable'. (3.64).
31. If I had some say in the allocation of limited resources, I would favour using the money for saving a few young lives (e.g. in renal units) rather than in improving facilities for the care of the elderly. (4.32).

There was a tendency to agree with the following statements

5. Alcoholism is more of an illness than a sin. (2.32).
26. It is too easy to obtain an abortion. (3.32).

and to disagree with the following

35. In situations of ethical ~~unc~~ertainty there is usually a clear Christian position. (5.25).
34. If it is known that a woman will probably give birth to a deformed child she should be encouraged to have an abortion. (4.61).
9. When a patient is in the terminal stages of illness, it is wrong to administer a pain-relieving drug if this will hasten the time of death. (5.07).

Thus apart from anti-abortion tendencies (26 and 34), the group as a whole could not be characterised as being conservative in their attitudes on ethical issues, favouring an 'illness' concept of alcoholism (5), referring to belief that there is always a clear Christian position in situations of ethical ascertainment (35) and believing that in terminal illness it is not imperative to preserve life at all costs (9) - if indeed it is a 'conservative' position to believe in "life at all costs".



### The effect of participation in the conference

On two items there were statistically significant changes in attitude. After the conference there was a shift towards disagreeing with the following statements -

9. When a patient is in the terminal stages of illness, it is wrong to administer a pain-relieving drug if this will hasten the time of death (5.07  $\rightarrow$  5.60;  $p < 0.05$ , Wilcoxon and F-ratio).

3. Contraceptives should not be so readily available to the unmarried (4.21  $\rightarrow$  4.32;  $p < 0.05$  F-ratio).

(Neither of these results was confirmed by the 1977/78 class, though the latter group showed significant changes on two other items; this will be discussed later).

3. The Different Reactions of 'Liberal' and 'Conservative' Students - A comparison of the mean scores of the high P and high E scores.

It will be recalled that the TSI allowed us to discern two sub-groups each with 12 members from within the total group. These were the high P and the high E scores, indicating 'Service to persons' and 'Evangelistic witness' as the respective dominant conscious motivations for entering the ministry. We also saw that this division was a reflection of a more general liberal - conservative tension within the class.

The biographical information revealed some small differences between the two groups. The E group was slightly older (mean age 26.5, S.D. 8.7 years compared with 24.2, S.D. 6.9 years and contained three women as opposed to one in the P group). While three members of the P group had previously been involved in some kind of related experience (Transactional Analysis, Samaritans and Encounter Groups) none of the E group had. Six of the E group but only three of the P group admitted to no previous reading in psychiatric or religious

counselling literature. The question is now raised as to whether these two sub-groups differed in any way in their response to the Attitude Inventory. Four questions were of interest -

- a) Did the P and E groups differ in any way before the conference experience?
- b) Did the P and E groups differ in any absolute way considering both the pre- and post-conference scores?
- c) Did the two groups change within themselves as a result of the conference?
- d) How did the two groups compare in their reactions to the conference?

The answer to question (a) was obtained by simple T-tests, questions (b) and (d) were answered by means of Analysis of Variance calculations<sup>1</sup> and question (c) using the Wilcoxon ranked pairs test.

As before we shall consider each of the four sections of the Attitude Inventory separately.

#### I. Attitudes to Hospitals

##### (a) Pre-conference attitudes

On only one item in this sub-section did the two groups show a significant pre-conference difference, the E group showing more inclination to agree with item 22. Major surgery is something to be feared ( $P_m = 4.16$ ,  $E_m = 3.33$   $p < 0.05$ )

##### (b) Absolute differences (Between subjects variance)

There were no items on which the two groups differed significantly, taking into account both the March and April scores. The implication of this is that on item 22 the two groups moved closer together - which they did. ( $P$ ,  $4.16 \rightarrow 4.00$ ;  $E$ ,  $3.33 \rightarrow 3.41$ ).

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1 See J.L. Bruning, and B.L. Kintz, Computational Handbook of Statistics (Glenview Ill., Scott Foresman 1968) pp 54-61

(c) Changes within each group

On two items both groups showed significant changes. On items 1 (Patients are not given enough information regarding their illness and treatment) and 29 (Confidentiality is not sufficiently respected regarding the personal affairs of patients) both groups moved significantly towards disagreeing with the statements, reflecting a similar movement in the total group.

(d) Differences between the groups in reaction to the conference

On two items, the P and E sub-groups responded in significantly different ways -

8. Patients should be told their prognosis even if it is a poor one.

Both groups moved towards agreeing with this statement but the P group more so than the E group ( $p < 0.01$ ).

29. Confidentiality is not sufficiently respected regarding the personal affairs of patients.

Both groups again moved towards disagreeing with this statement but this time the E group more so than the P group ( $p < 0.05$ ).

A discussion of the significance of these results is postponed until later.

II. Conceptions of Ministry

(a) Pre-conference attitudes

Simple T-tests revealed significant pre-conference differences between the two sub-groups at the 5% level.

33. Co-operation between Hospital Chaplain and Parish Minister is important in pastoral care. ( $P = 2.08$ ,  $E = 1.42$ , i.e. the E Students were more inclined to agree with this statement than the P students).

37. The hospital chaplain should be more concerned with pastoral care than evangelism ( $P = 2.16$ ,  $E = 3.75$ , i.e. the P students more inclined to agree with this statement).

27. In counselling the dying patient the main role of the pastor is to offer forgiveness of sins in Jesus Christ. (P = 4.46, E= 3.08, E students more inclined to agree and like item 37 reflecting the Liberal-Conservative polarity within the total group)

(b) Absolute differences

Considering the combined March and April scores there were significant differences between the groups on three items. The P students were more in agreement that the hospital chaplain should be more concerned with pastoral care than evangelism ( $p < 0.02$ ) and that in the face of human suffering it is sometimes difficult to speak a specifically Christian word ( $p < 0.01$ ) while the E students were more inclined to the view that the main role of the pastor in counselling a dying patient was to offer forgiveness and sins in Jesus Christ ( $p < 0.005$ ).

These results again reflect the liberal-conservative dimension within the class.

(c) Changes within each group

The two groups showed significant changes on the following items -

- |                |                                                                                                                             |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|
| <u>E group</u> | 7. The hospital chaplain should regard himself primarily as a representative of the church (3.00 → 2.16, $p < 0.01$ ).      |
| <u>P group</u> | 12. The hospital chaplain is usually regarded by the staff as a member of the therapeutic team (3.00 → 2.16, $p < 0.005$ ). |
|                | 11. The hospital chaplain is too identified with the hospital staff (3.92 → 4.67, $p < 0.05$ ).                             |

Thus while the P group come to see the chaplain as more firmly integrated into the hospital team (but not too much so!),

the E group became more convinced that he should find his professional identity within the church).

(d) Differences between the groups in their reaction to the conference

There were two items on which the two groups moved in significantly different ways. While the E group became more inclined to see hospital chaplaincy as a career possibility (2) ( $P, 3.58 \rightarrow 3.33$ ,  $E, 4.33 \rightarrow 3.75$ ;  $p < 0.05$ ) at the same time they became even less uncertain about having a specifically Christian word for every situation (38)

( $P, 2.25 \rightarrow 2.25$ ;  $E, 3.42 \rightarrow 4.59$ ;  $p < 0.001$ )

III. Attitudes to Psychiatry

(a) Pre-conference attitudes

On only one item (4) was there a significant difference between the two groups in March, the E students being more inclined to believe that psychology and psychiatry had some insights to acquire from theology ( $p < 0.05$ ).

(b) Absolute differences

Two items displayed significant groups, the E students being less convinced of the direct relevance of psychiatry to the work of the ministry (15) ( $p < 0.001$ ) but more inclined to believe that psychology and psychiatry had insights to acquire from theology (4) ( $p < 0.02$ ).

(c) Changes within each group

Only one item (21) was significant, the P students alone finding it more difficult to say who could be more helpful in certain situations, the minister or the psychiatrist ( $3.00 \rightarrow 2.00$ ;  $p < 0.05$ ).

(d) Differences between the groups in their reaction to the conference

On two items the two sub-groups reacted in significantly different ways

24. If spiritually healthy then mentally healthy

( $P, 4.92 \rightarrow 4.50$ ,  $E, 4.17 \rightarrow 4.58$ ;  $p < 0.05$ )



6. Mental illness is unlike anything I have ever experienced (P, 4.08  $\rightarrow$  3.50, E, 3.66  $\rightarrow$  4.25;  $p < 0.02$ ).

We note here an interesting phenomenon, viz. that these different responses reach statistical significance because the two groups are moving in opposite directions, though while in item 24 the two groups are moving closer together, in item 6 they are moving further apart. This tendency which we see in item 6 is repeated in four other items in this section where the changes do not reach statistical significance (in items 15, 39, 21, 18). The significance of this tendency to polarisation of this will be discussed later.

#### IV. Attitudes to Ethical issues

##### (a) Pre-conference attitudes

On no less than six items in this section were there significant differences between the two groups at the 5% level.

The P students showed more agreement with four items than the E students.

5. Alcoholism is more of an illness than a sin  
(P = 1.42, E = 3.08)
34. If it is known that a woman will probably give birth to a deformed child, she should be encouraged to have an abortion (P = 3.42, E = 5.83).
16. Medical experimentation on a patient with no direct therapeutic benefit for him is justified on the grounds that others may benefit (P = 3.33 E = 4.66).
40. It is not wrong to switch off a respirator when a patient has suffered such brain damage that he is no more than a vegetable (P = 3.00, E = 4.17).

The E students showed a greater tendency to agree than the P students on items

35. In situations of ethical uncertainty there is usually a clear Christian position (P = 5.75, E = 4.66).

3. Contraceptives should not be so readily available to the unmarried ( $P = 5.08$ ,  $E = 2.50$ ).

(b) Absolute differences

Taking the combined March and April scores, the two groups showed a statistically significant difference on all the items listed in (a) above except item 16, where although the difference did not reach a 5% level of significance the mean scores over the March and April administrations showed the same tendencies ( $P = 3.38$ ,  $E = 4.37$ ).

(c) Changes within each group

The P students showed no significant changes in their attitudes to ethical issues as a result of participation in the conference, while the E group showed significant changes on 4 items of particular interest

5. Alcoholism is more of an illness than a sin  
(3.08  $\rightarrow$  4.87) i.e. the E students moved towards what would generally be considered a more conservative stance.
3. Contraceptives should not be so readily available to the unmarried (4.17  $\rightarrow$  5.25) i.e. the E groups moved to a more liberal stance.

On the more 'neutral' issues as far as the liberal-conservative dimension is concerned, medical experimentation and switching-off respirators, the E students moved significantly towards the P position.

(d) Differences between the groups in their reaction to the conference

In the 1975/76 class, analysis of variance calculations demonstrated no significant differences in reaction.

This class showed a clear polarisation in the attitudes to ethical issues, a splitting in their ranks which was evident in their pre-conference attitudes. Where there were significant differences after the conference, the E students tended to move towards the P position, with the exception of

their attitude to alcoholism. This exception, being a psychiatrically related ethical issue is particularly interesting since it parallels the polarisation between the two groups which we saw in their attitudes to psychiatry, a polarisation which developed after participation in the conference programme. The reasons for, and significance of, this polarisation will be discussed after we have examined what happened to the corresponding class two years later.

(d) Content Analysis of Student essays

As indicated in the previous chapter, the standard method of evaluating the conference experience had been to require the students to write a 1,500 word essay on 'The Hospital conference as a preparation for the pastoral ministry', an exercise which was set to provide a contribution to the on-going continuous academic assessment of the students. The essays were due to be handed in on the first day of the summer term and had therefore to be written in the three weeks immediately after the hospital conference. It was therefore a rich source of information concerning the subjective reactions of the students to the conference. The problem was that of finding some means of bringing order out of this great mass of material, and as indicated the method chosen was a simple form of Content Analysis. The crucial issue in any Content Analysis is that of the delineation of categories. One can approach the material in two ways. One can either list all the statements made and let the categories emerge, or one can approach the material from the opposite end, so to speak, and see how the written material distributes itself among some previously defined categories. Since the students were responding to a shared experience, i.e. the Hospitals conference, and since that event could be divided into a series of discreet events, i.e. the sessions

of the conference, the latter course was chosen, the underlying assumption being that students would write about events and issues which seemed most vital to them. In fact a first analysis revealed three broad categories into which most of the statements fell. These were -

1. References indicating some fulfilment of the objectives of the conference as set out in the Programme (Appendix I p.286)
2. References to specific sessions of the conference and to certain closely related issues.
3. References to other broad issues encountered during the course of the conference.

Analysis of the essays using the following sub-categories of these three main categories produced the results shown in Table 5. For ease of comparison, the results for the Practical Theology I Class of 1977/78 are given in this table also. Confining our observations to the class of 1975/76 for the time being however certain broad conclusions can be drawn.

- (1) The students preferred these sessions of the conference in which they were lectured to, and the visits they made to specialised units (e.g. the operating theatre and the Renal Unit).
- (2) What the students perceived to be important was the knowledge gained about hospitals and patients, about mental illness and the work of the hospital chaplain.
- (3) Few references were made to those sessions in which the students own feelings were likely to be assessed or their personal competence challenged. Thus, sessions 11, 12, 13 and 15 which were designed to encourage a fair degree of 'audience participation', were mentioned only occasionally. This is at first glance surprising since generally speaking people best remember events in which they were personally



TABLE 5

Content Analysis of Essays

		<u>No. of essays on which category appears at least once</u>	
		<u>1975/76</u>	<u>1977/78</u>
I.	<u>References indicating some fulfilment of stated objectives of conference</u>		
	1. Understanding of how hospital functions	17 (61%)	6 (35%)
	2. Insight into feelings of patients	18 (64%)	6 (35%)
	3. Understanding of resources of NHS	3 (11%)	5 (29%)
	4. Awareness of introduction between patient hospital and community	6 (21%)	2 (12%)
	5. Nature of Christian ministry in hospitals	7 (25%)	3 (18%)
	6. Implications for parish minister	11 (39%)	7 (41%)
	7. Theological reflection	14 (50%)	5 (29%)
II.	<u>References to specific sessions of conference and closely related issues</u>		
	8. Lecture by Professor of Psychiatry	14 (50%)	--
	8a. Psychiatrist has taken over role of minister	8 (29%)	
	9. Lecture and Case Presentation by Psychiatrist 1	11 (39%)	--
	Psychiatrist 2	--	5 (29%)
	10. Lecture by Sociologist	3 (11%)	0
	10a. Alcoholism	11 (39%)	5 (29%)
	10b. Drug addiction	8 (29%)	5 (29%)
	11. Working together in Mental Health	6 (21%)	8 (47%)
	12. Pastoral care of the psychiatric patient	4 (14%)	--
	13. On understanding personal problems	2 (7%)	--
	14. Good Grief (Psychiatrist 3)	--	5 (26%)
	15. Looking after old people	--	6 (32%)
	16. Pastoral care in the general hospital	5 (18%)	1 (6%)
	17. Visit to medical ward	5 (18%)	3 (18%)
	18. Visit to operating theatre	10 (36%)	4 (22%)
	19. Surgery and the surgical patient	9 (32%)	4 (22%)
	20. Visits to specialised units	14 (50%)	4 (22%)



TABLE 5 - Continued

No. of essays on which  
category appears at  
least once

1975/76                  1977/78

20a. Visit to Renal Unit	14 (50%)	2 (12%)
20b. Visit to Simpson Maternity Pavilion	--	1 (6%)
20c. Visit to Regional Self-poisoning unit	--	1 (6%)
21. Social and emotional factors in physical illness	2 (7%)	--
21a. Social workers	16 (57%)	0
21b. S.W. has taken over role of minister	2 (7%)	
21c. S.W. is ally of minister	4 (14%)	
22. Patients and Pregnancy	13 (46%)	10 (56%)
23. Care of the Dying Patient	15 (54%)	6 (35%)
23a. Patients have right to know	4 (14%)	0
24. Getting it together in pastoral work	--	2 (12%)

### III. References to other broad issues

25. Knowledge gained of symptoms of mental illness	13 (46%)	--
26. Hospital chaplains	19 (76%)	11 (65%)
26a. Very positive statements	4 (14%)	5 (29%)
26b. Negative statements	4 (14%)	0
26c. Chaplains role questioned	5 (18%)	0
26d. Chaplain seen as member of therapeutic team	14 (50%)	9 (50%)
26e. Chaplains ministering to staff	6 (21%)	2 (11%)
27. Stress on hospital staff	10 (36%)	1 (5%)
28. Parish ministry	11 (39%)	0
29. Other ethical issues	5 (38%)	0
30. References to meaning of health	4 (14%)	0
31. Awareness of communication problems in hospital	11 (39%)	0
32. Value of lectures, information gained	19 (76%)	0
33. Value of case discussions		
Positive	11 (39%)	1 (5%)
Negative	4 (14%)	0
34. Student now feels able to reassure people who will become patients	7 (25%)	0
35. Awareness of own feelings of anxiety about hospitals or the conference	19 (68%)	10 (59%)

involved. One wonders if the students found it difficult to make the transition between two modes of learning from the traditional academic one of being 'talked at' to a newer one in which the learning has to be done by examining case material and indeed themselves. This is perhaps not unrelated to another finding thrown up by the content analysis to which we now turn.

### 'The Anxiety Factor'

Category No. 35 in the Content Analysis was not one of the original categories. It was found after the preliminary analysis however, that there were a number of statements which were difficult to categorise.

Typical of these statements were the following:

- A1 "I am sure that many of us breathed a sigh of relief (when Professor Kendall said that) we all possess neurotic symptoms and that they increase under stress."
- A5 "The fragmentary nature of the course was offset by the shock element."
- B6 "Before the conference I felt completely lost."  
The most disturbing experience for me occurred on the first day when the whole class was allowed to meet three (psychiatric) patients".  
"At the end of the week ... I found that my fears and apprehensions had gone".
- A7 "It was a very sobering experience to actually meet and talk with patients who had leukaemia or who may be terminally ill".  
"I felt in some vague way uneasy about being in a hospital full of disturbed people".
- B8 "One student said honestly when asked what he would do in a certain situation "Run away" - I think most of us felt the same reaction".
- A9 "It helped me not to be frightened of people who are classed as mentally ill".

B10 "Previously my main contact with hospitals has been as the unwilling victim whose main interest lay in getting out again as quickly as possible".

"The effectiveness of any hospital visiting I have previously done has been reduced by my proneness to identify too closely with the frustration and unease of the patient, being uneasy in the hospital myself".

A11 "There is a frightening amount of stigmatisation attached to mental illness ... to be able to see actual cases of people who do suffer from mental illness was an enormous help".

B12 "One of the things brought home to me on this sphere was the realisation of the possible human fear of submitting oneself to the unknown and all the consequent fears resulting from this".

B14 "I had definite feelings of anxiety and fear and a feeling of 'Thank goodness that so far I am reasonably sane'".

B16 "These are problems which face a chaplain so frequently that for one outside of the situation it is bound to be a little frightening".

B18 "The prospect of a surgical operation still frightens me".

"I was surprised if not a little relieved to hear that in terminal illness, pain is eased but death is not hurried".

A19 "The ultimate reality of incurability is something from which the boldest of us - patient or doctor - tends to shrink".

A21 "We recognised symptoms which were prevalent in those of us who consider ourselves normal".

"..... feelings of annoyance at being part of an audience looking at three people as if they were real life exhibits in the 'human comedy'".

"Cancer, the name which can really frighten".

B22 "Sometimes there are feelings of anger, hurt, helplessness and fear towards the patient".

- B26 "One cannot help but be apprehensive about the danger of being so involved with particular patients that one's own family life, and even one's own health may be affected".
- A27 "In the light of this I should not find the hospital experience either as a patient or a visitor as frightening as before".
- A33 "In a sense the course participants could identify with the patients. They too were in unfamiliar surroundings but they were not sick".
- B34 "Before the course my own impressions of hospitals could be classed as 'morbid fearful' .... it would be untrue to say that my expectations were without foundation".

All of the above statements, and there were a few more of a similar nature, were taken to imply some awareness on the part of the individual students of their own feelings of anxiety concerning the hospital experience.

Statistically they were dealt with in two ways. The distribution of these statements among the P and E students was compared by noting

- (1) the essays in which an 'anxiety statement' appeared at least once and testing for significance using a Chi-squared test

TABLE 6

Distribution of "anxiety statements" among liberal (high P) and conservative (high E) students

	P	E
Number of essays with at least one 'anxiety statement'	11	5
Number of essays with no 'anxiety statement'	1	7
	$0.05 > p > 0.02$	

(2) the total number of 'anxiety statements' in both groups and testing for significance using a T-test. There were 27 such statements in the essays of the P students and 6 in the E group giving a value of  $p < 0.01$ .

Thus the P (Liberal) students are much more likely to write about their feelings of anxiety than the E (Conservative) students. One could speculate about the underlying process reflected by these indices. Are the P students more anxious or is it that they are simply more aware of their anxiety and feel less constrained in writing about it? We cannot at present say. Nevertheless it was on the basis of the above data, that it was decided to use the IPAT Anxiety Questionnaire in the Replication exercise carried out with the class of 1977/78 and to an analysis of the data provided by that group we now turn.

#### B. THE PRACTICAL THEOLOGY I CLASS OF 1977/78

##### - A Replication Exercise

The above results were not available in time for the planning of the Easter vacation conference for the Practical Theology I class of 1976/77 but they were to hand twelve months later in time to make meaningful comparisons with the class of 1977/78. All the above tests with certain modifications were repeated to see if the results could be repeated with this later class. There are inherent difficulties in such a replication exercise. For one thing it is a different group of students, though obviously if the same results are obtained with a different group of students, the value of these results is enhanced. Further, it was obviously impossible to mount exactly the same conference. Changes in personnel were inevitable and other changes were made deliberately. These changes have already been described in the previous chapter (pages 83ff).



(a) Biographical Data

This was a smaller group consisting of 12 men and 5 women (28% women as opposed to 29% in 1975/76). Their average age was slightly older (29.0 years, S.D. 9.8, as opposed to 25.9 years, S.D. 8.4 in 1975/76). Apart from this slightly older average age, this group did not differ markedly from the previous group save in one respect, and that concerned their previous contact with hospitals. There were two aspects of this.

In the 1977/78 group, 6 out of the 17 students had previously worked in a hospital on either a permanent or temporary basis as opposed to 2 out of 28 in the previous group. Further 5 of the 17 had a close relative working in hospital (e.g. wife a nurse, father a doctor). Combining these it appeared that 10 of the 17 had some previous meaningful contact with hospital life, compared with 4 out of 28 in the previous group. A chi-squared test showed this difference to be significant.

TABLE 7

Distribution of students according to previous contact  
with hospitals

	1975/76	1977/78
Previous hospital contact	4	10
No previous hospital contact	24	7

$p < 0.01$

Therefore as well as being a slightly older group, there was significantly greater previous contact with hospitals either by having worked in hospital or by having a close relative working in hospital.

(b) The Theological School Inventory

In order not to 'overload' the students it was decided to use only that part of the TSI which produced the seven 'ipsative' scales and these are shown in the Table.

Using the same criteria as before it was possible to isolate two equal groups of high P and high E scores with five students in each group. Did these groups again represent a liberal-conservative polarity? It will be recalled that this was delineated in the previous class by two tests -

- (a) comparison with other scales
- (b) students' self description

TABLE 8

Theological School Inventory

Scores for Practical Theology I 1977/78

	A	I	F	L	E	R	P
R1	18	9	6	12	2	22	14
R2	9	11	14	7	20	7	16
R3	17	3	14	15	10	4	11
R5	7	13	16	13	4	13	18
R6	6	2	17	8	14	18	20
R9	8	14	19	11	15	0	18
R10	11	10	16	19	3	8	17
R11	15	6	14	14	24	5	6
R13	16	8	10	21	10	6	12
R14	15	2	11	11	19	14	14
R18	7	14	17	15	8	10	13
R16	8	10	18	13	22	5	8
R17	11	12	11	20	2	14	14
R18	10	10	16	8	13	19	8
R21	1	16	16	8	23	9	11
R22	12	6	13	7	15	2	22
R23	11	17	6	20	10	4	16

- (a) The main values for the two groups on the seven scales were as follows:

TABLE 9

Comparison of means scores on other scales of TSI  
for high P and high E groups

	<u>High P Scores</u>	<u>High E Scores</u>
A.	8.80	9.60
I.	9.00	9.00
F.	16.20	14.60
L.	11.60	10.60
R.	9.60	8.00
E.	21.60	11.00
P.	10.20	19.00

The Mann-Whitney test revealed no significant differences between the scores on the other five scales, perhaps not surprising in view of the small number of students in each group. (With hindsight it would have been good to have the other scores also).

(b) The manual points out however that the best criterion of conservatism or liberalism is the students own rating of his or her own theological position. These are on this occasion:-

P Group

- R5 Bultmann
- R6 Colin Morris/Joseph Fletcher
- R9 Pastoral Theology
- R10 Belief that God is Creator, and that His Son Jesus Christ rose again from the dead. I believe in the Risen Christ as my Saviour.
- R22 L.W. Conservative Evangelical or R.W. Liberal evangelical

## E Group

- R2 Conservative evangelical
- R11 Conservative evangelical
- R14 Evangelical
- R16 Evangelical/charismatic
- R21 Conservative evangelical

We see that while the E group definitely falls into the 'conservative' camp, the P group is obviously of a 'middle of the road to liberal' position. For purposes of comparison with the class of 1975/76 therefore we will regard the P and E groups as reflecting a liberal-conservative polarity though with such small numbers we will not place too much reliance on any statistical significance which emerges.

### (c) The Attitude Inventory

The class of 1977/78 was asked to complete the Inventory on only two occasions, once at the beginning of the first session of the conference and again during the last week of the Easter vacation, three or four weeks later. Since it had been found that pre-conference completion of the inventory produced no significant changes, the attempt to create an 'internal control group' by prior testing of half the group was not undertaken on this occasion.

For each of the four sections of the inventory six mean scores were calculated for each of the ten items in that section and are shown in Tables 45, I-IV, (pages 303/6). It will be recalled that the 1977/78 scores are given in the second line of each box. Thus we have in

- Col. 2 Mean scores of total group in March
- Col. 3 Mean scores of total group in April
- Col. 6 Mean scores of 5 P students in March
- Col. 7 Mean scores of 5 P students in April
- Col. 9 Mean scores of 5 E students in March
- Col. 10 Mean scores of 5 E students in April

As before tests of statistical significance were carried out using non-parametre and Analysis of Variance techniques as appropriate. Values of  $p$  are listed only where  $p < 0.05$ .

Before turning to an examination of the results of this exercise, it is perhaps relevant to consider at this point some further statistical information. The mean scores for each year are listed in columns (2), (3), (6), (7), (9) and (10). These were compared for each section of the inventory by calculation Spearman's technique of rank - difference correlation (Spearman's rho). The results with corresponding values of p are listed below.

TABLE 10

Comparison of the two Practical Theology I classes

	Attitudes to Hospital		Conceptions of Ministry		Attitudes to Psy-chiatry		Attitudes to Ethical Issues	
	Rho	p	Rho	p	Rho	p	Rho	p
Total Group (March)	0.90	0.01	0.92	0.01	0.94	0.01	0.68	0.05
Total Group (April)	0.76	0.02	0.87	0.01	0.95	0.01	0.92	0.01
P Students (March)	0.69	0.02	0.97	0.01	0.89	0.01	0.88	0.01
P Students (April)	0.81	0.01	0.96	0.01	0.92	0.01	0.78	0.02
E Students (March)	0.77	0.02	0.95	0.01	0.68	0.05	0.80	0.01
E Students (April)	0.76	0.05	0.77	0.02	0.65	0.05	0.39	N.S.

How well do the results of 1977/78 replicate those obtained in 1975/76?

(a) An examination of the tables reveals that superficially at least, the results are very similar of the 240 pairs of means in the four sections of the table, 197 (82%) lie within one unit of one another on the 7-point scale, 154 (64%) lie within half a unit of one another, and 65 (27%) lie within 0.25 of a unit. This indicates broad general agreement between the two classes especially when we remember that there



were only 5 members in each of the P and E groups in the latter class.

(b) The more precise statistical information obtained by the calculation of Spearman's rho for each group of students in March and April over the four sections of the inventory indicates generally high values of rho. Of the 24 comparisons made, 14 were significant at the 1% level, 5 at the 2% level, 4 at the 5% level and one was not significant (but as we shall show there was another kind of significance in this lack of correlation).

These results indicate a high degree of correlation between the performances of the two classes. We now proceed to a more detailed examination of what went on in the class of 1977/78, as a result of their exposure to the conference experience, considering each section of the Inventory separately, comparing the data with that provided by the earlier class.

#### Total Group Changes

##### I. Attitudes to Hospitals

Both of the items which showed a significant shift towards a more favourable attitude to hospitals in 1975/76 showed similar significant changes in 1977/78, the students moving towards disagreeing with the view that 'Patients are not given enough information regarding their illness and treatment' (1) and 'Confidentiality is not sufficiently respected regarding the personal affairs of patients' (29). While the class of 1975/76 moved significantly towards believing that 'Patients should be told their prognosis even if it is a poor one' (8), the class of 1977/78 moved in an opposite direction, to a 'Don't Know' position, though not significantly.

## II. Conceptions of Ministry

The class of 1975/76 moved significantly towards believing that 'The hospital chaplain is usually regarded by hospital staff as a member of the therapeutic team' (12) and that 'The hospital chaplain should be more concerned with pastoral care than evangelism' (37). Both of these shifts were replicated at a significant level by the class of 1977/78. The latter class also moved significantly away from the opinion that 'The hospital chaplain is too identified with the hospital staff' (11) reflecting a slight tendency which was present in the earlier group but which did not reach statistical significance.

## III. Attitudes to Psychiatry

The class of 1975/76 had moved significantly towards the opinion that 'There is some common ground between the practice of psychiatry and pastoral care' (19). This was not replicated in 1978. The latter group however moved significantly towards disagreeing with the statement 'I am not convinced of the direct relevance of psychiatry to the work of the ministry' (15) and towards agreeing that 'Theology has some insights to acquire from psychological and psychiatric theory' (39).

Thus what evidence there is indicates that the class of 1977/78 moved towards more favourable attitudes to psychiatry.

## IV. Attitudes to Ethical Issues

The class of 1975/76 had moved significantly towards approving the administration of pain relieving drugs in terminal illness (9) and the ready availability of contraceptives to the unmarried (3). These results were not replicated in the class of 1977/78 and indeed the trend in the later group was towards agreeing that contraceptives should not be so readily available (though still agreeing that they should be, 5.11 → 4.58). The significant changes

in that group were towards an illness conception of alcoholism (5) and against abortion even when there was the possibility of giving birth to a deformed child (34). Thus with the exception of the sexual issues the class of 1977/78 tended to move towards more 'liberal' attitudes on ethical issues whereas the class of 1975/76 had tended to move towards more liberal attitudes on the sexual issues but not on the issue of alcoholism.

A discussion of the significance of these findings is delayed until all the data is presented.

### The Responses of the P and E Sub-groups

#### - The Liberal-Conservative dimension

The figures for this section must be viewed with a certain degree of caution since there are only 5 subjects in each group. Nevertheless it is possible to discern some interesting trends when we see how the P and E groups responded to the conference experience. Again we shall examine each of the four sections of the Inventory separately.

#### I. Attitude to Hospitals

In 1975/76 both groups moved significantly on items 1 and 29 (dealing with the Communication of information to patients and Confidentiality respectively) indicating a more favourable attitude to hospitals. In 1977/78 while the changes in these items did not reach statistical significance, the mean scores for the two classes were very similar especially for the E group. Thus:-

TABLE 11

Comparison of Liberal and Conservative sub-groups  
(Attitudes to Hospitals)

1. Patients are not given enough information regarding their illness and treatment.

	P		E	
	March	April	March	April
1975/76	2.92	4.00	3.50	4.58
1977/78	3.60	3.60	3.80	4.40

29. Confidentiality is not sufficiently respected regarding the personal affairs of patients.

	P		E	
	March	April	March	April
1975/76	4.17	5.33	4.33	5.67
1977/78	4.20	5.60	4.60	5.60

There are three other interesting items involving the E group in 1977/78, when the group moved towards agreeing that hospitals are frightening places (5.5  $\rightarrow$  3.6), that major surgery is something to be feared (5.0  $\rightarrow$  3.8) and (in complete contrast to the P group in 1977/78 and both groups in 1975/76) towards disagreeing with the statement that patients should be told their prognosis even if it is a poor one (2.8  $\rightarrow$  4.4). While only the last change was of statistical significance and that in relation to the P group, it is interesting to note that these students coming from a group which previous to the conference had more contact with hospitals, as a result of the conference moved in such a way as to indicate greater anxiety about hospitals.

## II. Conceptions of Ministry

Generally speaking the amount of correlation between the two years was very good. In 1975/76 the P and E groups had differed significantly on items 27 (Counselling the dying), 37 (Pastoral care or evangelism?) and 38 (Having a Christian word in the face of human suffering). In 1977/78 the mean values for the two groups were of the same order of magnitude and in the case of item 38, the difference between them was statistically significant also. The class of 1977/78 differed from the earlier class on two other items. On item 11, while the P students came to disagree with the statement that the hospital chaplain was too identified with the hospital staff, the E students moved towards agreement causing a statistically significant difference between the two groups. This difference is obviously related to the changes seen in item 7 (The Hospital Chaplain should regard himself primarily as a representative of the Church) on which the two groups again polarised with a statistically significant difference in reaction. Thus we see the liberal-conservative polarity present in this class as well, and in fact on certain items being brought to the surface by the conference experience.

## III. Attitudes to Psychiatry

In 1975/76, this section was characterised by a polarisation in the reactions of the P and E groups. An examination of the correlation co-efficients expressed by Spearman's rho, indicates lower values of rho and p than for the previous sections. The reason for this is that in the class of 1977/78 the P and E groups moved closer together, instead of polarising as a result of the conference, or else moved in the same direction. Thus -



TABLE 12

Comparison of Liberal and Conservative Sub-groups  
(Attitudes to Psychiatry)

Item		Class	P		E	
			Mar	Apr	Mar	Apr
15	I am not convinced of direct relevance of psychiatry to the work of the ministry	75/76	5.75	5.91	4.50	5.08
		77/78	4.60	6.20	5.00	6.00
21	I can think of situations where it would be difficult to say who could help more - minister or psychiatrist	75/76	3.00	2.00	3.00	3.45
		77/78	2.60	2.20	3.80	3.00
39	Theology has some insights to acquire from psychological and psychiatric theory	75/76	1.92	1.83	2.58	2.58
		77/78	2.00	1.80	3.60	3.20

There was only one exception to this tendency to convergence of post-conference scores in the 1977/78 class and that was on item 17 where the E group became much less convinced than the P group that psychiatry and social work had taken over the traditional work of the ministry.

We can say therefore that while the 1976 conference caused a divergence in the attitudes of the conservative and liberal students towards psychiatry, the 1978 conference generally had the opposite effect producing a convergence in attitude.

#### IV. Attitudes to Ethical Issues

This section of the inventory showed the least degree of correlation between the two classes, the post-conference value of p for the E group not reaching statistical significance. It will be recalled that in 1976 there was an inherent pre-conference polarisation between the two groups, that as a result of the conference no significant changes took place in the P group, but that the E group moved towards the P group with the exception of the

alcoholism issue where further divergence occurred. In 1978 there were some fascinating differences. Consider for instance item 5 ('Alcoholism is more of an illness than a sin')

TABLE 13

Comparison of Liberal and Conservative Sub-groups  
(Attitude to Alcoholism)

	P		E	
	March	April	March	April
1975/76	1.42	1.42	3.08	4.37
1977/78	2.80	2.20	3.40	2.00

In this psychiatrically-related ethical issue, the divergence observed in the earlier class was not present and in fact in 1978 the two groups converged to a statistically significant degree.

On the other hand, on item 34 ('If it is known that a woman will probably give birth to a deformed child, she should be encouraged to have an abortion') the P group, having, as in 1976, started from a more liberal view than the E group, in fact ended up in a more conservative position than the E group, even though the latter group had moved slightly in this direction also. We therefore postulate that something must have gone on in the conference to account for these changes, and to this we will return in due course. Meanwhile we simply note a general trend while in 1976 the conference produced a divergence in regard to attitudes to psychiatry, the 1978 conference the conservative and liberal groups tended to move together, and that while the 1976 conference produced a convergence of pre-conference differences in attitude to ethical issues (with the exception of the alcoholism issue) in 1978 the reactions of the conservative and liberal groups to ethical issues was somewhat more complicated.

(d) Content Analysis of Student Essays

As two years previously, the students were required to write a 1,500 word essay on 'The Hospital Conference as a preparation for pastoral ministry', this being part of the academic assessment of the P.T.I. course, but as already indicated the rubric imposed rather more structure upon the students, asking them to address themselves specifically to presuppositions, personal reactions to the conference, learning relevant for pastoral ministry and their future role as ministers visiting in hospitals. Since these themes grew out of the previous content analysis, it was therefore possible to use roughly the same categories in classifying the material in the second batch of essays. Some minor changes were inevitable. Since there was no formal lecture on Mental Illness, category 8 dropped out. Category 20 (visit to Renal Unit) was expanded to include visits to the other specialised units, and three new categories were added 15, (Looking after old people), 14 (Good Grief) and 24 (Getting it together in Pastoral Work).

For ease of comparison the data is given along with that for the 1975/76 class<sup>1</sup>, there being given for each year, the actual number of essays in which an item is mentioned at least once, and that number expressed as a percentage of the total number of participants.

Certain tentative conclusions follow from a comparison of the data in the two years, given the smallness of the number of essays being compared.

(1) The indications of fulfilment of stated objectives are not markedly dissimilar though the first group emphasised an understanding of how a hospital functions

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1 Table 5 page 116

while the second group concentrated on an understanding of the resources of the NHS. Further the first group was more prone to offer theological reflection than the second.

(2) Regarding references to specific sessions of the conference, the greatest emphasis were (in the psychiatric hospital) on 'Working together in mental health' and (in the general hospital) on 'Patients and pregnancy'. The former is not surprising in view of the central place which this extended session was given in 1978. The latter which contained what were by all accounts two very moving case presentations, obviously had made a deep impression upon some students. Having witnessed an interview with a severely disabled woman who decided against advice, to continue with her pregnancy, the students were forced to think deeply about the issues involved in abortion.

(3) With the omission of the formal lecture by Professor of Psychiatry, there were no references at all to the knowledge gained of the symptoms of mental illness, in sharp contrast to the earlier group.

(4) The role of the hospital chaplain again figured high on the list of topics mentioned though in 1978 there were none of the negative comments which were a feature of the first group.

(5) There were no negative comments about the value of case discussions.

(6) Interestingly, the percentage of statements in the 'Awareness of feelings of anxiety' category was almost exactly the same for the two groups (68% and 71%). The numbers of P and E students in 1978 were too small to be of statistical significance. All that can be said is that the figures for 1978 do not contradict the previous ones, these statements occurring in the essays of 3 of the 5 E students (5 statements in all) and in the essays of 3 of the 5 P

students (7 statements in all). These figures however become even more interesting when we come to consider them in relation to the results of the I.P.A.T. Anxiety Questionnaire, to which we now turn.

(e) The I.P.A.T. Anxiety Scale Questionnaire

This was the only new test introduced for the 1977/78 class, used precisely because of the emergence of the 'Anxiety Factor' from the content analysis of the essays of the 1975/76 class. The 40-item inventory produced total anxiety scores which can be sub-divided into two components

(A) a measure of Covert anxiety, and

(B) a measure of Overt anxiety.

The 17 students were divided into two groups, a group of 7 students, the content analysis of whose essays revealed no 'anxiety statements', and a group of 10 students in whose essays such statements were present. The following Table gives the mean scores for each of these two groups for (A) Covert anxiety, (B) Overt anxiety and (C) Total anxiety.

TABLE 14

I.P.A.T. Anxiety scores according to presence or absence of "anxiety statements"

	<u>Students with NO anxiety statements (N=7)</u>	<u>Students WITH anxiety statements (N=10)</u>
Covert Anxiety	12.4	11.5
Overt Anxiety	10.7	16.0
Total Anxiety	23.1	29.2

An examination of these mean scores reveals that the students who wrote about their feelings of anxiety scored higher on the overt anxiety scale than those who did not do so. This trend did not however reach statistical



significance. The mean scores for the two groups on the Covert anxiety scale were very similar to one another (in fact the mean Covert anxiety score was slightly greater for those who did not write about their own feelings). The scores for the two groups of P and E students were then compared.

TABLE 15

I.P.A.T. Anxiety scores of Liberal and Conservative sub-groups

	P (N=5)	E (N=5)
Covert Anxiety	12.0	12.2
Overt Anxiety	13.0	10.6
Total Anxiety	25.0	22.8

Again there were no statistically significant differences though it is noted that the mean Overt anxiety scores is greater for the P group than the E group.

One further piece of information can be extracted from the data which is again of no statistical significance is of more than passing interest. The P and E groups were sub-divided further according to whether or not their essays contained anxiety statements and mean anxiety scores calculated with the following results:

TABLE 16

I.P.A.T. Anxiety scores of Conservative and Liberal students according to presence or absence of "anxiety statements"

	Covert Anx.		Overt Anx.		Total Anx.	
	P	E	P	E	P	E
WITH Anxiety statements (N=3)	16.7	9.3	19.0	9.3	35.7	18.6
NO Anxiety statements (N==)	5.0	17.5	4.0	13.0	9.0	30.5

What emerges is that where the students were able to write about their feelings of anxiety, the anxiety scores of the P students were considerably greater than those of the E students, but in the essays of those students where there was no expressions of anxiety, exactly the opposite state of affairs prevailed, i.e. the anxiety scores of the E students were very much higher (by a factor of 3) than the corresponding scores for the P students. If these mean anxiety scores had been obtained with higher values of N then the opportunities for speculation would have been intriguing. Would it have meant for instance that while feelings of anxiety is no respecter of theological persuasion, and that theological students of either liberal or conservative persuasion may or may not experience anxiety in varying degrees, nevertheless when a P student experiences anxiety he can express it, but when an E student is similarly afflicted it is not given to him to be in touch with and to express these very natural feelings? With such very small numbers, this is obviously idle speculation. One can only state the results for what they are worth and begin to list issues for future research.

#### SUMMARY OF RESULTS FOR PRACTICAL THEOLOGY I CONFERENCES

The analysis of the responses to the Attitude Inventory and Content Analysis of the essays has yielded a vast amount of data which has been set out in detail in this chapter. Before proceeding to a discussion of this material, it is proposed to summarise the main conclusions which can be drawn from it.

A. Analysis of the data for the Practical Theology I class of 1975/76 demonstrated

1. Any changes in attitude which take place do so as a result of participation in the conference and not simply as a result of completing the questionnaires.
2. The group as a whole participated in the conference with the following results.

(i) Regarding their attitude to hospitals, the group came generally content to suspend judgement upon the hospital scene though they tended to have a somewhat unfavourable opinion of the staff's attitude to patients. The result of participation in the conference was that the group as a whole came to see staff in a more favourable light, particularly in regard to the issues of confidentiality and the communication of information. They also came to believe that the staff respected patients beliefs and values more than they had anticipated.

(ii) The students came to the conference with a conception of ministry, which emphasised the importance of the parish minister in the pastoral care of the hospital patient. While the hospital chaplain should see himself primarily as an agent of the church, he should be more concerned with pastoral care than evangelism. We also detect an impression that there are no easy answers to difficult human problems and an awareness of the possibility that participation in this conference might change one's ideas of ministry. The most significant changes regarding ministry which followed the conference related to the role of the hospital chaplain who came to be seen as much more deeply involved in the therapeutic team, though not too identified with the hospital staff. We see here (for better or worse) the emergence of the hospital chaplain as a model for ministry in hospitals.

(iii) In their attitudes to psychiatry, the students were much more definite in their pre-conference views, believing that while there was some overlap between psychiatry and ministry and that there was room for dialogue between the two professions, they did not see this as questioning their own calling as ministers though they would not go so far as to say that the minister alone has a call from God. The result of participation in the conference was to enhance the belief that there was common ground between the practice of psychiatry and pastoral care.

(iv) As in their attitude to hospitals, the students appeared to manifest a general agnosticism in their pre-conference attitudes to ethical issues. Nevertheless while the group tended to be 'anti-abortion' they also held an 'illness' concept of alcoholism, to favour the use of pain relieving drugs in terminal care, and refused to believe that there was usually a clear Christian position in areas of ethical uncertainty. Participation in the conference did not produce profound changes in the group as a whole apart from an enhancement of the favourable attitudes to the use of pain relieving drugs in terminal care and a slight shift in favour of the availability of contraceptives to the unmarried.

### 3. The Liberal - Conservative dimension

The Theological School Inventory allowed us to identify two equal groups of 12 students in the class, displaying respectively conservative and liberal attitudes to theology, the Church and the ministry. Two questions were of interest in examining this division within the class. (a) Did these two groups differ from one another either in themselves or in their pre-conference attitudes? (b) Did they react to the experience of the conference in any way differently?



The Biographical Questionnaire revealed that the Liberal students were more likely to have been involved in some kind of pastoral training previously and more likely to have done some reading in the area of pastoral counselling or psychiatry.

A comparison of the responses of the two groups to the Attitude Inventory revealed

(1) There was little difference in pre-conference attitudes to hospitals, apart from the fact that the conservative students were more inclined to be afraid of major surgery. As a result of participation in the conference, the liberal students became much more inclined than the conservative students that patients should be told their prognosis even if it was a poor one, while the conservative students moved much more than the liberal students to believing that the private affairs of patients were sufficiently respected.

(2) In their pre-conference conceptions of ministry, while the liberal students were more inclined to believe that the chaplain should be more concerned with pastoral care than evangelism, the conservatives were more conscious of the importance of co-operation between parish minister and hospital chaplain and agreed (while the liberals disagreed) that the main role of the pastor in counselling the dying is to offer forgiveness of sins in Jesus Christ. The Liberals were also more conscious of the difficulty of speaking a specifically Christian word in the face of human suffering. After the conference the liberals were more inclined to identify the chaplain with the hospital staff, though not to an excessive degree, while the conservative became more convinced that he ought to see himself as primarily an agent of the Church, though they did become less sure about having a specifically Christian word for every situation. Interestingly the conservatives became more inclined than the liberals to see hospital chaplaincy as a career possibility.



(3) In their attitudes to psychiatry, the conservatives were more inclined to believe that psychology and psychiatry had some insights to acquire from theology but less convinced of the direct relevance of psychiatry to the work of the ministry, i.e. the conservatives believed that in the dialogue between psychiatry and theology, it was the psychological disciplines which would benefit more from the theological than vice-versa. Thus the total group scores conceal a slight tendency to polarisation between the conservative and liberal sub-groups. The main impact of the conference is to induce a further degree of polarisation between the liberal and conservative groups, the conservative group moving to a more 'anti-psychiatry' stance. Thus while there appears to be little movement in the whole group on this dimension as a result of the conference, this apparent lack of movement in fact conceals a polarisation in which the conservative and liberal groups are moving in opposite directions.

(4) In their attitude to ethical issues, it will be recalled that the total group seemed generally agnostic in their pre-conference opinions. An examination of the pre-conference responses of the conservative and liberal sub-groups reveals in fact a pre-conference polarisation along this dimension of the inventory. Thus while the conference produced an enhancement of a degree of polarisation which was present to a slight extent in attitudes to psychiatry, that polarisation was already present to a considerable degree in the students' attitudes to ethical issues, and the result of participation in the conference was to produce change on only two items. On one of these, the conservatives moved towards a more liberal position regarding the availability of contraceptives and on the other, they moved even further towards a 'sin' concept of alcoholism. It is interesting to note that this last mentioned movement, on a psychiatrically

related ethical issue parallels the general movement in attitudes psychiatry.

### 3. Content Analysis of Student Essays

This procedure revealed

- (1) The students preferred lectures and visits to case discussions.
- (2) What the students perceived to be important in the conference was knowledge gained about hospitals and patients, mental illness and chaplains. There was considerable questioning of the role of the chaplains by certain students who felt the chaplains were failing in their evangelical tasks.
- (3) Students made little direct reference to sessions on which their own feelings were likely to be aroused or their competence questioned.
- (4) On an 'awareness of feelings' category the liberal students were more likely to write about their feelings of anxiety than the conservative students.

### B. THE REPLICATION EXERCISE

The above tests with some modifications were repeated with the Practical Theology I Class of 1977/78. It is important to note that certain of the conditions were different.

- (a) The class itself was different, being slightly older, less polarised into conservative and liberal groups and with a significantly greater number of students having had some meaningful contact with the 'staff' side of hospital life.
- (b) There were significant changes in the programme, particularly in the psychiatric hospital where the central teaching session on the nature of mental illness given in 1976 in the form of a lecture by one

of the Professors of Psychiatry was replaced by a dialogue between a consultant psychiatrist and three parish ministers.

A comparison of the results for the Practical Theology I classes of 1975/76 and 1977/78 reveals the following

- (i) On the Attitude Inventory the degree of correlation between the two years was excellent apart from some items in the "Attitudes to Psychiatry" and "Attitudes to Ethical Issues" sections.

An examination of the conservative-liberal dimension shows some interesting differences.

- (a) Whereas in 1976 the conservative students were more inclined to be afraid of major surgery and became less inclined than the liberals to believe that patients should be told a prior prognosis, in 1978 the conservatives came to see hospitals as more frightening after the conference than before and to believe as previously that patients should not be told their prognosis. These results at least raise the question of the anxieties of the conservative and liberal group, for it could be argued that fear of hospitals, of surgery and an unwillingness to communicate a bad prognosis, while understandable in themselves, are also indications of anxiety. Thus while the indications are that the liberal students are aware of their anxiety and willing to write about it, the conservative students are certainly no less anxious but find it difficult to communicate these feelings.

- (b) While in the class of 1975/76 the conservatives and liberals tended to polarise in their attitudes to psychiatry in the later class, what movement there was, was either in the same direction, or of the conservatives towards the liberal position. This trend was repeated on the Alcoholism issue, where conservatives moved significantly

towards an illness concept of the problem. These results are fascinating in view of the different approaches to the teaching of the psychiatric component of the conference, though it is difficult to discern whether these very different reactions in the two classes was due simply to the method of teaching or whether the less polarised nature of the group had an effect also. Perhaps it was a combination of these two factors, i.e. in March 1976 a group already polarised theologically, when confronted by a presentation of psychiatric illness from a psychiatric standpoint, polarised even further, the two groups either identifying with or rebelling against the psychiatric approach to coping with people in distress. In 1978 however, the total group was able to identify with the three parish ministers who were apparently engaged in a significant co-operative dialogue with the consultant psychiatrist. The evidence is therefore that the method of presentation affects the response of the students.

(c) That the response of the students is a function of the presentation is further illustrated by the reaction of the 1978 class to the abortion issue. While the whole group had moved to a more liberal, 'illness' conception of alcoholism, they also moved to a more conservative anti-abortion stance, though towards a liberal view on the ready availability of contraception. It is possible that this anti-abortion trend happened as a result of a case presentation in which a consultant gynaecologist interviewed a pregnant handicapped woman who had refused an abortion and decided to keep her baby. This demonstrates how attitudes are changed not by the theoretical arguments but by an encounter with real situations and therefore of the crucial importance of the method and content of teaching programmes.



(2) The results of the Content Analysis of the essays were broadly similar to the previous years with the following differences

- (a) There was much greater emphasis on the 'Patients and Pregnancy' session, possibly confirming the reasons adduced for the anti-abortion trend noted above.
- (b) There were no anti-chaplain feelings expressed possibly reflecting the less polarised nature of the later group.
- (c) There were no statements indicating lack of enthusiasm for the case discussion type of teaching session.

A number of 'awareness of anxiety' statements were obtained which divided themselves among the liberal and conservative students in a way which did not contradict the findings with the previous class, though the numbers were too small to be of statistical significance.

(3) The I.P.A.T. Anxiety Questionnaire revealed higher Overt Anxiety scores for the liberal students than the Conservative students, though again it must be emphasised that numbers were too small to be of statistical significance. It was also noted that where students were able to write about their own feelings, the liberal students anxiety scores were higher than those of the conservative students, while in those students whose essays contained no expression of anxiety, the scores of the conservative students was very much higher. When we consider that the conservative students moved towards a 'more anxious' stance on certain items in the Attitude Inventory, this would seem to indicate that while anxiety may affect both conservative and liberal students, the former may experience it more and be able to express it less.



This completes our description of the Practical Theology I Conference and a discussion of some items of immediate significance. In due course we must consider its contribution to theological education as a whole, but this will await an examination of a further level of theological education in a clinical setting.

## CHAPTER V

### THE EXTENDED FIELDWORK PLACEMENTS

#### COURSE DESCRIPTION AND RESEARCH METHODS

A.V. Campbell's research in the mid-sixties was concerned with the influence of counsellor variables upon methods of pastoral counselling and in our review of literature we noted his finding that denominational tradition was probably the most powerful influence upon counselling styles.<sup>1</sup> We also note his comment that none of his subjects had received any intensive training in counselling methods.<sup>2</sup> In the next two chapters our principle objective will be to look precisely at this issue, viz. whether training in counselling has any effect upon counselling styles. In this section of the thesis we consider the students who undertook fieldwork placements working in three hospitals under the supervision of the hospital chaplains. These placements took place in the academic year 1976-77 and were components of New College courses in Pastoral Care and Counselling either as part of Practical Theology III or the University's Diploma or Certificate in Pastoral Studies.

At this stage we move on to consider a different level of involvement in the hospital scene on the part of the students. The level of involvement in Christian Ethics Practical Theology I could best be described as 'observation' with

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1 Campbell p. viii

2 Ibid

negligible direct patient contact. Since Christian Ethics and Practical Theology II is devoted to the study of Ethics, any involvement of students in the hospital scene is incidental to the gathering of information for projects in the area of medical ethics. With Christian Ethics and Practical Theology III, however, and the Diploma and Certificate in Pastoral Studies the involvement of the students becomes one of participation rather than simply of observation. In Christian Ethics and Practical Theology III students are required to choose two options out of six possible courses.

- A. Pastoral Care and Counselling
- B. Christian Nurture
- C. Church and Society in Modern Britain
- D. Social Ethics and Contemporary Philosophy
- E. Liturgy and Homiletics in the Church of the 70's
- F. Theology of Liturgy

The rubric for the first of these options reads -

A. Pastoral Care and Counselling

2 hours weekly

Theology of pastoral care and theories of counselling in relation to particular pastoral situations, e.g. youth work, marriage and family counselling, care of the physically and mentally ill, counselling the dying and bereaved. Course requirements include supervised fieldwork in a clinical setting.<sup>1</sup>

The minimum fieldwork requirement was two hours per week. The way in which the fieldwork component has been related to the academic component has varied from year to year, as far as timing is concerned. Sometimes the two elements have been run concurrently but in the year in question, the first and third terms were given over to class work in New College while the second term, January - March 1977 was devoted to fieldwork, the content of which will be described in detail later.

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1 Edinburgh University Calendar 1976-77 p. 284

For entry to the Certificate course, students must be at least 23 years of age and able to satisfy general university entrance requirements. It is normally a two year course but may be taken in one year by students with considerable training or experience. The Diploma course is a post-graduate one and may be completed in one year by students with degrees in both Divinity and another faculty or who have graduated with Honours in Divinity. Otherwise the duration of the course is two years. Among the obligatory courses for the Diploma candidates are the courses offered under Christian Ethics and Practical Theology (Honours). The most relevant from our point of view is-

Theology and Psychology in Pastoral Care

- (a) Seminars dealing with theoretical and practical aspects of pastoral care in relation to views of man in theology and psychology.
- (b) Assigned reading in two of the following topics: Guilt - theory and therapy; theories of health and salvation; existentialism and pastoral counselling.<sup>1</sup>

Certificate students may take this course or the Practical Theology III option, Pastoral Care and Counselling previously described, but with a more demanding fieldwork requirement, both Certificate and Diploma candidates being expected to complete 400 hours (50 days) or supervised fieldwork in situations and/or institutions approved by the head of department.<sup>2</sup>

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1 Ibid p. 284-5

2 A further possibility not relevant for any of the students in this study is that candidates in the second year could be required to complete another 1,800 hours (225 days) in situations or institutions approved by the head of department.

Thus for all the students who took part in this phase of the research there were two principal components in their course of study, an academic component taught in New College, in which various theoretical aspects of pastoral care and counselling were considered, and a fieldwork component. Since for the majority of the students the academic and fieldwork components ran concurrently there was no way of estimating the relative influence of the two, and even if it had been possible it would perhaps have been wrong to try because, inevitably the cognitive and effective dimension of learning in human relationships are inextricably bound together and any attempt at separation is artificial and not related to the learning process.

The fieldwork placements were allocated at the beginning of the academic year in the case of the Pastoral Studies candidates, and, in the case of the Practical Theology III students, towards the end of the first term. This was done by consultation among the three chaplains and the lecturer in charge of the New College courses on the basis of student preferences (either by reason of geography or for experience in either psychiatric or general hospitals) and in order to achieve a roughly equal work-load among the three supervising chaplains.

The fieldwork itself had two main facets - work and supervision. It will be recalled that Klink stated that supervision required for its setting "an institution within whose activities there are functional roles in which student and supervisor can negotiate a contract for learning".<sup>1</sup>

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1 See article on "Supervision" in Education for Ministry (ed. Fielding) p. 176



The first task of the supervisory chaplains was therefore to find meaningful tasks in which the student might be engaged. In the general hospitals this took the form of working as a member of the chaplaincy team in a limited, defined section of the hospital. Placements were as usual negotiated with consultant staff in which students were expected to visit periodically in one or two wards as representatives of the chaplain's department. Ward sisters were fully aware of the status of the students and would sometimes, as they did for the permanent chaplaincy staff, indicate patients who might especially appreciate a visit from a chaplain. Sometimes the students would simply visit 'blind' in the ward, introducing themselves as members of the chaplaincy team and engaging in conversation at a level acceptable to the patient. Reports from the students indicated that conversations ranged from the superficial to the very deep. In the psychiatric hospital the placements were likewise negotiated by the chaplain with the ward staff but the students were more likely to have "participant-observer" status, being attached to certain wards and units (e.g. Alcoholism Unit and Young Peoples Unit) sitting in on patient groups and staff meetings, having a degree of patient contact appropriate to their own abilities. All the students attended regular supervision sessions with the chaplain under whose direction they were working. In addition to informal encounters with chaplaincy staff during the course of the working week, formal sessions were arranged weekly either on an individual or group basis. The balance between group and individual supervision varied from chaplain to chaplain. In the Royal Infirmary there was a weekly group meeting with occasional individual sessions, while in the Western General Hospital the emphasis was upon weekly individual supervision with occasional group meetings. The chaplain at the Royal Edinburgh Hospital used both individual

and group supervision. In these supervision sessions, students reported back on the experiences in the wards sometimes (certainly in the general hospital) by means of verbatim or process reports of pastoral conversations.

#### Recruiting Participants in the Research Project

Permission was obtained to meet all the students undertaking fieldwork placements during the first meeting of the academic classes at New College. They were addressed in the terms set out in Appendix VI (a) (p 309).

This talk was very similar to that given to the Practical Theology I class but there were significant differences in what was being asked of these more advanced students.

(a) They were being asked to complete a series of Personality and other inventories (which are described in detail later in this chapter) and they were being asked to complete them at home in their own time.

(b) They were being asked to respond to certain tape-recorded interviews during class time. This aspect of the research was described in detail at a later point.

The response of the students was very good, of the 10 students undertaking and completing the year long course all agreed to participate and presented complete sets of questionnaires, and of the 6 students undertaking the shorter placements, 3 agreed to participate and presented complete questionnaires, three dropping out either because of illness or pressure of work in the final term.

#### The Control Group

For this phase of the research it was considered both desirable and possible to recruit a control group, the members of which would complete all the tests, including the response to complete all the tests, and the taped interviews both at the beginning and end of the academic year. The method employed was to write to all members of third year classes

who were not involved in clinical placements. This letter<sup>1</sup> was accompanied by a covering letter from Dr. A.V. Campbell.<sup>2</sup> Approximately 50 letters were sent out and 11 people agreed to participate, one of these dropping out because of illness during the course of the academic year. Thus a control group of 10 people was obtained, which, being roughly the same size as the test group was deemed to be satisfactory. A comparison of the two groups will demonstrate that they were not dissimilar in characteristics. It may well be that those who agreed to participate did so because of an interest in the project because of previous contact with the department (8 of the 10 had already completed Practical Theology I and another had some experience in Transactional Analysis). If so the value of the Control Group is enhanced since the reason for its use was simply to eliminate the possibility that any changes which took place were simply the result of participating in the research project and not the direct result of experience in the course itself.

#### Coding and Anonymity

Every student who completed the questionnaires in October was given a Code Number which was carried on all his or her material, a separate file relating name to code number being kept in the home of the author. This was necessary to ensure that the post-test questionnaires were allocated appropriately. In fact although all 10 Pastoral Studies students who completed the course also fully participated in the research, 15 students in this category completed the questionnaires in October and were coded P.S.1. to P.S.15. (Of the other five, one eventually did an industrial placement rather than a

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1 Appendix VI (b) p 311

2 Appendix VI (c) p 313

hospital placement, one went overseas in December, one returned to Germany in March and two dropped out of the course). The Practical Theology III students were coded III/1 - III/3 and the Control Group C/1 - C/11, C/6 dropping out because of illness. Thus the completed questionnaires could only be identified by the author by reference to the separate index and virtual anonymity was preserved throughout.

### The Rationale of the Research

Before describing the various tests which were used, it is necessary to make clear the underlying approach. It will be recalled that Campbell investigated the influence of certain counsellor variables (Personality, Age, Experience Level, Religious Denomination, and Attitudes and Beliefs) on Methods of Pastoral Counselling and found that denominational tradition was probably the most important influence. He noted that none of the subjects had received any intensive training in counselling. One of the purposes of this study was to examine the effects of training. Various factors indicated that it might be appropriate to use Campbell's work as a base-line study for this research. For one thing it was 10 years since Campbell's work had been carried out and no follow-up studies had been done. Further as indicated in Chapter 1, important changes had taken place in the teaching of practical theology in New College of which the course under review was one example. Finally, it was possible that in certain relevant areas (e.g. in relation to Psychiatry) attitudes might have changed. Campbell's work was therefore examined to see whether his methodology, with modifications, could be used to investigate whether certain changes took place in attitudes and counselling styles as a result of a newer approach to education for pastoral ministry (and whether the students were in any way different to begin with).



Campbell's constituency consisted of equal groups of ministers and students (six in each group) of three denominations, Church of Scotland (Presbyterian), Episcopalian and Roman Catholic. The information which he collected from his subjects fell into three broad categories.

I. General Information, Attitudes, Values and Beliefs.

II. Personality Tests.

III. Responses to taped interviews.

His work will be described under these three headings together with the changes introduced in this project.

I. General Information, Attitudes, Values and Beliefs

Campbell obtained his information under this category from questionnaires and personal interviews. The first questionnaire used fell into three sections.

Section A<sup>1</sup> was headed 'General Information' and was designed to gather some basic information about the subjects. First the age, sex, marital state, nationality, educational level and religious denomination of the subject was asked for; second details were gathered of the student's past experience in Church work and his future career plans; lastly an outline was obtained of the subject's experience and training in pastoral counselling and in general psychology and psychiatry.

In the present project this section was used in its entirety since it was desired to have the same information and it was considered that its use would provide a basis of comparison between the 1977 subjects and the 1967 student sample.

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1 Appendix VII (a) p 314



Section B in Campbell's research is headed 'Attitudes to Relationship between Psychiatry and Church work'. For the reasons already described in Chapter 3 (page 79) this whole section was replaced by the 40 item Attitude Inventory which was used with the Practical Theology I class.

- i.e. (i) Responses on a 7 point scale would be a more accurate measure of change than items simply demanding a 'true or false' response.
- (ii) The face value items of this inventory would be an easier method of measuring attitudes change than the Osgood<sup>1</sup> Semantic Differential used by Campbell.

Section C<sup>2</sup> was headed 'Counselling Aspects of your vocation'. Campbell's first four questions were designed to discover the attitude of the subject to his vocational role in general:-

1. At what age did you come to a definite decision regarding your vocation?
2. Since then have you ever had doubts that it was the right decision for you? Considerable doubt \_\_\_\_\_ some \_\_\_\_\_ none \_\_\_\_\_. If so what alternatives did you consider?
3. In your experience so far in your vocation do you feel you have had easy relationships with parishioners?
4. It is often said that a clergyman is limited by other peoples conceptions of what he should be or do. Have you ever felt limited in this way? Yes/No \_\_\_\_\_ If so, how?

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1 C.E. Osgood, G.J. Suci and P.H. Tannebaum  
The Measurement of Meaning (Illini Books,  
University of Illinois 1971)

2 Appendix VII (b) p 316

Questions 5 and 6 of Section C concentrated specifically on the counselling roles of the clergyman. Questions 5(a) and 5(b) presented a series of descriptions of counselling roles and asked subjects to relate these roles to a list of specific counselling situations. These roles had been obtained by Campbell from personal interviews with some of his subjects, a technique which turned out to be needlessly time consuming, but which did at least provide a set of hypothetical counselling roles which he could then use in written questionnaires with the whole group. Examples of these role descriptions were

- Making clear one's own views on the moral issues involved
- Listening sympathetically
- Reassuring and comforting
- Communicating the Gospel in the persons own terms

Subjects were asked to indicate which descriptions would be most like their own counselling procedure in situations such as bereavement, sexual problems, serious illness and other counselling situations. A method of scoring was devised for this part of the form which gave each subject a set of 'Role Description Scores' indicating his own theoretical conception of pastoral counselling methods.

Question 6 asked the subject to describe the uniqueness of the clergyman's counselling role as opposed to that of the psychiatrist or social worker. Was it to be distinguished by the types of problems handled, or by some other factors?

In this research all of the above questions were used in our Section C, with the addition of a further seventh question. In the review of related literature (chapter 2) we discussed Wanberg's work in which participants in a CPE programme were asked to rate in order of importance eight stated goals of clinical training. It was decided to see how the students in this survey would rate these same

goals before (Expectations) and after (Realisations) of the Course.

Question 7 therefore read:

You are at the beginning of a course in Pastoral Care and Counselling which will include supervised fieldwork in a clinical setting. A recent study of the literature of clinical training has isolated the following eight goals. You are asked to rate the goals in order of importance (from 1 - 8) according to the expectations which you bring to the clinical component of the course.

My expectations of supervised fieldwork in a clinical setting are that through participation in such training I will gain:-

	<u>Goal</u>	<u>Ranking</u>
I	A better understanding of people in their emotional and spiritual strengths and weaknesses	_____
II	An opportunity to work with members of other helping professions	_____
III	A way of integrating theological and psychological views of man	_____
IV	A way of learning some techniques of pastoral care and counselling	_____
V	A better understanding of myself	_____
VI	A significant encounter with human suffering and a greater empathy for such suffering	_____
VII	An increased ability to handle the threatening and emotional situations which may be encountered in pastoral work	_____
VIII	A deepening of my commitment to the service of God and man	_____

## Evaluation Form<sup>1</sup>

Before going on to discuss the Personality Tests used and the method of obtaining counsellor responses, it is perhaps appropriate to describe here one further form which the students were asked to complete, an 'Evaluation Form' which invited the subjects to give their reactions to all parts of the study. The first question in this form offered several options regarding the various questionnaires which the students had been asked to complete. Students were asked to tick one or more of the following

- (a) I found them interesting and enjoyed completing them \_\_\_\_\_
- (b) I could not see much point in them \_\_\_\_\_
- (c) I found them irritating \_\_\_\_\_
- (d) I felt I knew "what they were after" and answered accordingly rather than the way I felt about the questions \_\_\_\_\_
- (e) I often felt that both alternatives missed my own attitudes and interests \_\_\_\_\_

The rest of the evaluation form asked questions relating to the Counsellor Responses and will be discussed later.

## End-of-Year Questionnaires

The students were asked to complete certain of the above questionnaires at the end of the academic year in May. It was obviously unnecessary to ask again about the basic biographical information though certain items were of obvious interest to see if any changes had occurred since October, e.g. vocational intention. Accordingly the following questionnaires were used in May.

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1 Appendix VII (c) p 319

- A. A questionnaire entitled 'Theological Education in a Clinical Setting'<sup>1</sup> asked the following questions
1. What branch of church work do you now hope to enter?
  2. What courses have you taken during the academic year?
  3. What practical work of a pastoral nature (if any) have you been engaged in over the past winter?
  4. This was a repeat of Question 5, Section C of the pre-test inventory asking the student to relate descriptions of counselling roles to lists of specific counselling situations.
  5. The question asked the students once again about the uniqueness of the clergyman's role.
  6. The students were once again asked to rank Wanberg's eight goals, this time relating to felt realisations and in the following terms:-

You are now approaching the conclusion of a course in Pastoral Care and Counselling which has involved supervised fieldwork in a clinical setting. A recent survey of the literature in clinical training has isolated the following eight goals. You are asked to rate these goals in order of importance (from 1 - 8) but this time according to what you believe you have gained from the clinical component of the course.

I believe that from the supervised fieldwork in a clinical setting, I have gained:-

(The eight goals were then listed as before).

(The control group was not asked to complete this question)

B. Attitude Inventory

The students were asked to complete this once more.

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1 Appendix VII (d) p 320



### C. Evaluation Form<sup>1</sup>

The students were invited to evaluate their participation in the taped interviews (see later pages 179ff) and to make any further comments they might wish on their participation in the research project.

### II. Personality Tests

Campbell, in his research, related the personality characteristics of counsellors to their methods of counselling. After noting the widespread use of various tests in American seminaries, (in 1962 only 19 schools out of 110 used no tests at all), and their almost total absence from the British theological education scene, he settled on three tests for his own research:

- (a) The Maudsley Personality Inventory <sup>2</sup>
- (b) The Complexity and Thinking - Introversion scales of the Omnibus Personality Inventory <sup>3</sup>
- (c) A selection of items from the Minnesota Multiphasic Personality Inventory, developed<sup>4</sup> by Foulds and others into a test of the amount and direction of hostility.

(The second of these, the Complexity and Thinking - Introversion scales, of the O.P.I. had already been used in studies in the clinical preferences of British medical students and doctors <sup>5,6</sup> which were close to the interests of Campbell's research - and the author's).

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1 Appendix VII (e) p

2 H.J. Eysenck. Manual of the Maudsley Personality Inventory. (London, University of London Press 1959)

3 Center for the study of Higher Education Omnibus Personality Research Manual (Berkeley, California. First Edition 1962)

4 G.A. Foulds et. al. "Aspects of extra and intro-punitive expression in mental illness". J. Ment. Sci. 1960 106, 599-609.

5 H.J. Walton, "Differences Between Physically-Minded and Psychologically-minded Medical Practitioners" Brit. J. Psychiat. 1966, 112, 1097-1102.

6. H.J. Walton and K. Hope. "The Effect of Age and Personality on Doctors' Clinical Preferences" Brit. J. soc. clin. Psychol. 1967, 6, 43-51.

Campbell's principle finding was that the only personality factor to have any influence upon the style of counselling was complexity. The critical issue in this piece of research concerned which personality factors were related to change in counsellor response, i.e. were there personality factors which either assisted or inhibited the educational process? Various factors were considered in choosing appropriate tests for this piece of research.

- (1) Since complexity had been shown to be an important factor in relation to type of counsellor response, it was obviously important to see if it were related to change in type of response.
- (2) Although Neuroticism and Extraversion as defined by the Maudsley Personality Inventory did not appear to be related to the style of counsellor response, it was considered that these might still be relevant factors in an investigation of the changes in style of counsellor response. Klink writes of the importance of anxiety in the supervision process

"Professional preparation disturbs previously established patterns of managing drive energies, securing essential satisfactions, and maintaining vital relations. When these are disturbed anxiety is aroused ..... If anxiety is severe enough, it may immobilise a student. When it is less severe it may so preoccupy, confuse or blind him that his capacity to learn is gravely reduced. Anxiety however may also be benign and in that case, it can be seen to motivate to constructive action"<sup>1</sup>

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1 Fielding p 201

Klink goes on to quote with approval a statement from a book about medical education -

"A career of professional preparation can be appraised in terms of developments, alterations, relapses, etc. in the candidates capacity to manage his anxiety"<sup>1</sup>

At the other end of the anxiety scale one could envisage a situation where an apparent lack of anxiety also inhibited the learning process and so postulate an optimum level of anxiety for learning to take place. It was therefore felt important to retain the Neuroticism scale to see if this hypothesis were true.

(3) Regarding the tests relating to amount and direction of hostility, Campbell found that while hostility scores were related to age<sup>2</sup> and denominational differences<sup>3</sup>, they were not related to counselling<sup>4</sup> responses. Since the subjects in this research were predominantly Church of Scotland students in their mid-twenties, (other participants did not constitute significantly large separate groupings) it was decided not to pursue this factor in the present research in view of the fact that while there was one other factor which was considered worthy of investigation, it was felt unwise to overload the students with too many tests.

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1 R.C. Fox, "Training for Uncertainty", The Student Physician, Harvard University Press, 1957, pp 207-241

2 Campbell p. 118

3 Ibid p. 142

4 Ibid p. 182

(4) The other factor related to a possible liberal-conservative polarity among the students. We have already seen that in the first level of training, Practical Theology I, the Theological School Inventory revealed such a polarity. Other research into Theological Conservatism<sup>1</sup> has related Theological conservatism with other personality factors. It was therefore decided to investigate whether there was any relationship between Theological Conservatism and change in counsellor response. Since Webster and Stewart based their researches upon the work of Wilson, it was decided to use the Wilson-Patterson Attitude Inventory, a general test of conservatism.

Thus the personality tests used in this research are:-

1. Eysenck's Neuroticism and Extraversion Scales (the E.P.I)
2. The Complexity and Thinking - Introversion Scales of the Omnibus Personality Inventory (the O.P.I.), and
3. The Wilson-Patterson Attitude Inventory (the W.P.A.I.)

These tests are now described in detail.

#### 1. The Eysenck Personality Inventory

"The Eysenck Personality Inventory (E.P.I.) is a development of the Maudsley Personality Inventory. Like the parent instrument it sets out to measure the major dimensions of personality, extraversion and neuroticism. It is sufficiently similar to the M.P.I., and correlates sufficiently highly with it, to make it almost certain that the experimental findings reported for the older instrument will also apply to the newer; nevertheless, the improvements incorporated in the E.P.I. make it more useful from many practical points of view"<sup>2</sup>

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- 1 A.C. Webster and R.A.C. Stewart, "Theological Conservatism", The Psychology of Conservatism (London. Academic Press ed. Wilson 1973) pp 129-147
  - 2 H.J. Eysenck and S.B.A. Eysenck, Manual of the Eysenck Personality Inventory (London, Hodder & Stoughton 1964) p. 5

The advantages which are relevant for this research are as follows:-

(1) The correlation between Extraversion and Neuroticism in the M.P.I. was small but nevertheless marginally significant; suitable item selection has caused it to disappear in the E.P.I.

(2) The E.P.I. contains a Lie Scale which may be used to eliminate subjects showing "desirability response set"; no such scale was contained in the published form of the M.P.I.

(3) Direct evidence is available of the validity of the E.P.I. as a descriptive instrument of the behaviour manifestations of personality. What is the nature of these personality factors described as 'Extraversion-Introversion' and 'Neuroticism'? Below are given Eysenck's descriptions of the 'typical' extrovert and the 'typical' introvert though we must remember Eysenck's caveat that these must be regarded as idealised end-points of a continuum to which real people approach to a greater or lesser degree

"The typical extravert is sociable, likes parties, has many friends, needs people to talk to and does not like reading or studying by himself .... is generally an impulsive individual .... tends to be aggressive, and loses his temper quickly; altogether his feelings are not kept under tight control, and he is not always a reliable person."

"The typical introvert is a quiet retiring sort of person, introspective, fond of books rather than people; he is reserved and distant except to intimate friends .... He keeps his feelings under control, seldom behaves in an aggressive manner, and does not lose his temper easily. He is reliable, somewhat pessimistic and places great value on ethical standards"<sup>1</sup>

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1 Ibid. p. 8



In another paper, Eysenck defines Neuroticism as

".... the general emotional lability of a person, his emotional over-responsiveness and his liability to a neurotic breakdown under stress"<sup>1</sup>

Form A of the E.P.I. consists of 57 questions including an 18-item Lie Scale. The Manual of the E.P.I. provides norms for various normal groups including 'students' and 'medical students' which will have relevance for this research as well as for certain abnormal groups.

The choice of this test was determined by its brevity, its known reliability and by its widespread use. While there are varied opinions concerning Eysenck's theory of personality, the two dimensions of personality which the scale purports to measure seemed particularly relevant in this study of theological students in their developing roles as pastoral counsellors.

## 2. The Omnibus Personality Inventory

"The Omnibus Personality Inventory (O.P.I.) was constructed to assess selected attitudes values and interests chiefly relevant in the areas of normal ego-functioning and intellectual activity. Almost all dimensions included in the Inventory were chosen either for their particular relevance to academic activity or for their general importance in differentiating among students in an educational context"<sup>2</sup>

Of the 14 scales of the O.P.I. two were of particular relevance in this research, the Thinking Introversion (TI) and the Complexity (CO) Scales. The Manual describes the two scales as follows

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1 Eysenck (1959)

2 P. Heist and G. Yonge. Manual of the Omnibus Personality Inventory. (New York, The Psychological Corporation 2nd Edition 1968) p. 1

Thinking-Introversion (TI) Persons scoring high on this measure are characterised by a liking for reflective thought and academic activities. They express interests in a broad range of ideas found in a variety of areas such as literature, art and philosophy. Their thinking is less dominated by immediate conditions and situations or by commonly accepted ideas than by thinking-extroverts (low scores). Most extroverts show a preference for direct action and tend to evaluate ideas on the basis of their immediate application, or to entirely reject or avoid dealing with ideas and obstructions.

Complexity (CO) This measure reflects an experimental and flexible orientation rather than a fixed way of viewing and organising phenomena. High scores are tolerant of ambiguities and uncertainties; they are fond of novel situations and ideas. Most persons high on this dimension prefer to deal with complexity as opposed to simplicity, and very high scores are disposed to seek out and enjoy diversity and ambiguity.<sup>1</sup>

The Thinking-Introversion scale must be distinguished from Eysenck's Introversion/Extraversion (E) scale. While the E scale is a measure of the 'sociability' of a person, the TI scale distinguishes between people who are 'scholarly' in orientation to phenomena rather than 'pragmatic'.

Correlations between the TI and the Strong Vocational Interest Blank (SVIB) for men reflect a pattern indicating that high scores have interests more congruent with men engaged in occupations which require dealing with abstract ideas and concepts; low scores show interests congruent with those of men in occupations characterised by more immediate practical concerns. This is illustrated by the following data abstracted from the Manual.

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1 Ibid p.4

## Correlation between TI and SVIB Scores<sup>1</sup>

<u>SVIB</u>	<u>Correlation with TI Score</u>
Psychologist	0.51
Veterinarian	- 0.37
Physicist	- 0.04
Social Worker	0.54
Minister	0.51
Pharmacist	- 0.33
Banker	- 0.40

The Complexity Scale was developed from the Barron-Walsh Art Scale which was based on subjects' preferences for particular types of drawings, from which they developed a personality dimension which they named 'complexity-simplicity'. Barron supplemented testing on the Fort scale with thorough personality assessment of groups of subjects who had been distinguished as 'complex' or 'simple' and from this questionnaire items were developed which form the complexity scale of the O.P.I. The CO scale correlates significantly with the Flexibility scale of the California Psychological Inventory (0.40) and negatively (-0.33) with the measure of the Need for Order in the Edwards Personal Preference Schedule (EPPS)<sup>2</sup>.

It might be expected that these two scales would be of some importance in a study of counselling styles, the TI scale since it reflects the difference between a theoretical and a pragmatic approach to any subject and the complexity scale since it is a reflection of the subjects ability to tolerate ambiguity, a state of affairs which is not uncommonly met in pastoral counselling.

### 3. The Wilson-Patterson Attitude Inventory (WPAI)

The WPAI is essentially a revision of the conservatism scale published by Wilson and Patterson in 1968, the name

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1 Ibid p. 36

2 Ibid p. 29

being changed because the authors developed a method for scoring a number of other attitude scales besides general conservatism. These scales were identified by factor analysis. Two of them are orthogonal principal component factors (Conservatism-liberalism, and realism-idealism); the other four are oblique primary factors (militarism-punitiveness, anti-hedonism, ethno centrism - intolerance and religion -puritanism)<sup>1</sup>. Realism-idealism is conceived as a bipolar factor independent of conservatism-liberalism. The four oblique factors represent major content areas and are components of general conservatism in the sense that high scores on them will tend to make for high C-scores.

The test consists of fifty items to which the subjects may respond to the question "Which of the following do you believe in?" by circling 'Yes', 'No' or '?'. The test is therefore undemanding in terms of the time asked of the subjects and easy to score with the provided keys. The 50 items consist of words or phrases which by lengthy research on the part of the authors have been shown to provide a measure of Conservatism and related attitudes. Typical items are Death penalty, Divine law, Moral training, Birth control, Sabbath observance.

Of particular relevance to us is the research which has been done on the relationship between general conservatism and theological conservatism. Previous research has shown that "on the average religious people show more intolerance in general".<sup>2</sup> Webster and Stewart however constructed a test which separated 'extrinsic' and 'intrinsic' attitudes

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1 G.D. Wilson. Manual of the Wilson-Patterson Attitude Inventory. (London NFER Publishing Company 1975) p. 8

2 G. Allport and J.M. Ross "Personal religious orientation and prejudice". J. Personality Soc. Psychol, 1967, 5 pp 432-443

to the church and religion and showed that higher prejudice scores related to the 'extrinsic' orientation rather than the 'intrinsic'.<sup>1</sup> Webster and Stewart also found<sup>2</sup> that

(1) There was a positive relationship between general conservatism, theological conservatism, dogmatism and ethnocentrism.

(2) These traits did not increase with age as had been predicted.

(3) There was a positive relationship between theological liberalism, role conflict and psychological health.

(4) Perception of oneself as having grown uninterruptedly into Christian faith was more strongly associated with open, liberal and self actualising attitudes than perception of oneself as having been converted.

It was felt that some at least of the above factors might be relevant in a study of education for pastoral ministry.

### III Obtaining and Classifying Responses to Taped Interviews

#### A. Obtaining Counsellor Responses

The heart of Campbell's research was an attempt to obtain some reasonably objective method of comparing the counselling approaches of different kinds of pastoral counsellors, in particular of comparing the responses of the counsellor in counselling. This was a task which was fraught with difficulties, mainly because of the difficulty of obtaining information which was both objective and reliable. A counsellor's style is a very personal and subjective entity and to abstract from it a quasi-measurable part (e.g. verbal responses) must make one seriously question whether or not one has in fact come anywhere near to capturing the essence of what transpires between counsellor and counsellee.

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1 Webster and Stewart p. 130

2 Ibid. p. 141



Further when every counselling relationship is unique, how can one obtain any reliable standard of comparison? One can envisage various ways of obtaining information about what transpires in a counselling relationship, but each has major disadvantages. Five methods are now briefly reviewed.

1. Observation of the Counsellor, either directly or from an observation room. This has the advantage of providing material about what transpires in any given counselling session, but since each session is a series of transactions unique to that counsellor and that counsellee, there is no reliable standard of comparison between different counsellors.
2. Transcripts of tape recordings of interviews while of undoubted value as a training device for counsellors suffer from the same disadvantage as direct observation, i.e. lack of comparability between different counsellors.
3. Verbatims i.e. written accounts of counselling interviews made by the counsellor after the interview has been completed, have been an important tool in clinical pastoral training from the beginning. They also suffer from the disadvantage of lack of standards of comparison as well as the possibility that the counsellors perception of what took place in the counselling relationship may be very different from the reality (though the former may still be a very valuable tool in supervision).

While all of the three methods outlined above have the advantage of using actual counselling situations, they suffer from the severe disadvantage of lack of experimental validity in providing any basis of comparison between counsellors. They fail to produce a standard experimental situation in which are held constant the contribution of the counsellee and other extraneous factors. Even if it were possible to use the same counsellee each time (poor man!) no two counselling relationships are the same and

later interviews would inevitably be influenced by the processes of the earlier ones. Thus it is obvious that authenticity of material must be sacrificed on the altar of reproducibility and validity in experimental design. In the last two methods the described authenticity is sacrificed in favour of more accurate standards of comparison between counsellors.

4. Vignettes. Porter<sup>1</sup> has devised a method of comparing counsellor responses in which a written vignette of an interview is presented and the counsellor is asked to make a response at a given point in the dialogue by choosing one of a set of alternative responses. This certainly fulfils the requirements of a standard experimental situation. But so much is lost by this method. For one thing, the responses and spontaneity of the counsellor are severely restricted by the choice of possible alternatives. Further this method is almost entirely devoid of any kind of reality or authenticity. A written vignette loses all the non-verbal messages to which the counsellor must respond, the tone of voice, the hesitations, the body language. In brief, the counsellor responds to a statement rather than a person.

5. Simulated Counselling Sessions. This is a development of the method described above which makes use of film or tape-recorded material in place of written vignettes of interviews. Thus we overcome some of the disadvantages of the vignette in that the counsellee is perceived as a person conveying (in the case of visual material) non-verbal as well as spoken messages. Further, it has the advantage of providing a standard experimental situation. In this method the subjects are invited to watch a film or listen

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1 E.H. Porter. An Introduction to Therapeutic Counselling. (Boston, Houghton-Mifflin. 1950).

to a tape recording of an interview and to try to imagine that they are in the place of the counsellor. At certain points in the interview the film or tape is stopped after a contribution from the counsellee and the counsellor invited to write down what he would have said or done at that point in time. While this is still far from a real counselling situation it is a considerable advance upon asking the subjects to respond to written material both because of the non-verbal clues to which responses must be made, and because the responses must be made at a given point in time rather than in an unreal situation in which responses can be carefully considered before being written down.

This was the basis of Campbell's method of obtaining counsellor responses and was itself a development of an approach used by Strupp<sup>1</sup> in research into the therapists contribution to the treatment process. Strupp used a film of an initial psychiatric interview lasting thirty minutes (plus 28 interruptions of 30 seconds each) and obtained responses from 237 therapists. On the basis of a content analysis of these responses plus some questionnaire material he was able to compare therapists of different theoretical orientations and varying levels of experience.

Campbell's problem was that of finding material in which ministers and theological students would feel free to participate in a pastoral role. The only visual material available to him was a film of a psychiatric interview made in the Department of Psychiatry at Edinburgh University.

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1 H.H. Strupp. Psychotherapists in Action  
(London: Grune and Stratton 1960)

While this presented a patient who had difficulty in swallowing most of the discussion was concerned with interpersonal relationships. He therefore used this film with 14 stopping places chosen in the dialogue where it was considered that various responses were possible on the part of the counsellors. Campbell however did not feel that this film was sufficient to enable his subjects to participate as clergymen, excellent though the material was in its range of emotional material for measuring counsellor response. He therefore obtained pastoral counselling material by selecting four interviews from Cryer and Vahinger's Casebook in Pastoral Counselling<sup>1</sup> all verbatim reports of actual pastoral counselling interviews (thus retaining some authenticity). After the scripts of these interviews had been modified to remove American idioms, they were re-enacted by members of Edinburgh University Dramatic Society and tape-recorded. The same actor played the part of the counsellor in each case and the interviews were prefaced with a short account of what he already knew about the counsellee. These interviews were chosen to cover a wide range of topics:-

Interview B:- A mother finding difficulty in coping with an adolescent son (7 stopping places)

C:- A student showing signs of mental illness (4 stopping places)

D:- A recently bereaved woman (4 stopping places)

E:- A guilty soldier (8 stopping places)

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1 N.S. Cryer and J.M. Vahinger. Casebook in Pastoral Counselling. (New York. Abingdon Press 1962)



As in the case of the filmed psychiatric interview, the students were provided with 'answer sheets' with numbered spaces. In addition some questions were asked about the subjects impressions of the counsellor's and their own counselling methods and plans.

#### The Material used in this project

We have noted Campbell's difficulty of finding interview material in which his subjects could participate from a pastoral perspective, and his method of solving it. At the outset of this project however there was available some new material not available to Campbell. This consisted of four videotapes of role-plays in which working parish ministers conducted interviews illustrating typical counselling situations in which ministers find themselves involved. These had been made in 1969, initially for teaching purposes, by the Department of Christian Ethics and Practical Theology in co-operation with Grampian Television. The first and longest tape was entitled 'Hospital Chaplain' and showed an interview between a minister and a woman lying in a hospital bed. This woman had just learned that she was probably not going to recover from her illness and expressed a number of anxieties about what was going to happen to her family, including a mentally handicapped daughter. She was also able to verbalise her struggles of faith and doubt in the situation in which she found herself. In view of its content, this video tape seemed entirely appropriate for the research project.

The other three video tapes consisted of a series of three entitled 'Vestry Hour' in which another minister interviewed three people who came to his vestry to discuss personal problems. One of these was chosen for the project 'Elizabeth Simon', in which a student who was a member of the minister's congregation, came to see him after failing her examinations, and feeling that she would never pass her 're-sits'. The



other two tapes consisted of interviews with (a) a young man came seeking financial assistance and (b) a woman whose daughter was about to be married because of an illegitimate pregnancy. 'Elizabeth Simon' was chosen for the project because this tape seemed to present the best range of emotional material and also to be most concerned with questions of meaning and value. It is important to note that the 'clients' in these video-taped interviews were not professional actors working from a script, but simply people with an indirect encounter with similar situations in their own lives.

'Mrs. Gourlay' the patient in 'Hospital Chaplain' was played by an Edinburgh housewife and 'Elizabeth Simon' by a New College student.

In addition to these two video tapes, two of Campbell's audio tapes were used, Interview C (Bereaved Lady) and Interview D (Guilty soldier).

Therefore the total range of taped material used in this phase of the project was

<u>Video Tape</u>	'Hospital Chaplain'	20 minutes long	18 stops
	'Elizabeth Simon'	10 minutes long	8 stops
<u>Audio Only</u>	Bereaved Lady	5 minutes long	4 stops
	Guilty soldier	<u>11 minutes long</u>	<u>8 stops</u>
	Total	46 minutes long	38 stops (x 30 secs)

Thus apart from the Introductory Explanation the total time required for this session came to 1 - 1¼ hours. The full text of the tapes together with marked stopping places is to be found in Appendix

#### Administration of the Test

The subjects in the experimental group were invited to attend any one of four sessions arranged at New College during the week after the first meeting of the classes. The subjects were comfortably seated to view the video-replay machine and the procedure explained as detailed in Appendix VIII,

the time taken for the whole exercise being approximately 1½ hours. At the end of this time the answer sheets were collected and an envelope containing all the other questionnaires issued with the request that they be returned to the author within a week. The same procedure was employed with the control group towards the end of October since that group took longer to recruit. (It was felt that this delay of two weeks would be insignificant in the control group since they were not involved in any related teaching). The whole procedure was repeated during the last week of the academic year in mid-May.

### Critique of method

Campbell used a film of a real psychiatric interview. This research made use of a video tape of role-played interviews between a minister and another person. The video tape method (using a cassette) seems to have been a technical improvement on the film in that it was easier to 'hold' the tape at the precise moment after the 'client' had spoken, capturing the facial expression for the 30 second period in which the subjects could write their response.

The use of role-play rather than a real interview raises the question of authenticity. Did the situations portrayed in 'Hospital Chaplain' and 'Vestry Hour' feel real?

Experience in working with the role play situations indicates that people can get into role very quickly and the author's subjective opinion is that these tapes were very life-like. However evidence will shortly be produced that the subjects themselves generally felt able to participate in the tapes.

Before setting out this evidence however it is necessary to allude to a more fundamental difficulty inherent in the creation of controlled experimental conditions such as have been described. This is well summarised by Strupp himself.

"The major difference between a 'real' interview and the experimental situation is the obvious fact that the interaction is not between the audience therapist and the patient but between the film therapist and the patient. Consequently the 'interventions' of the audience therapist have no effect upon the patient or the course of the interview. Furthermore the audience therapist's response is not exclusively to the patient but to the totality of the patient-therapist situation as portrayed on the screen. The investigation then rests on the assumption that the audience therapists simulated interview behaviour bears a meaningful relationship to his performance as a therapist in similar real-life therapy situations and that valid inferences can be drawn from this sample of behaviour"<sup>1</sup>

We must therefore beware of generalising too easily from responses made in simulated situations to how the subjects would have reacted in a real-life situation.

How far in fact did the subjects feel able to participate in the video taped interviews? In the Evaluation form, participants in both the Experimental Group and the Control Group in both October and May were asked to respond to a question about their degree of participation in the interview. Their answers were as follows.

TABLE 17

Evaluation of participation in interviews

I found I was able to participate in the interviews		Very well	Fairly well	Only a Little	Hardly at all
Experimental Group	Oct	1	8	4	0
	May	0	10	2	1
Control Group	Oct	4	6	0	0
	May	3	4	3	0

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1 Strupp p. 8

The figures indicate that most of the subjects were able to participate in the interviews at least 'fairly well'. It should be noted that two of the subjects in the experimental group who were able to participate 'only a little' in October were African students who had arrived in Scotland within the previous two weeks and who were still having difficulty in understanding Scottish accents! Both of them moved into the 'fairly well' category in May. Leaving them aside, between October and May there was a slight shift from the first two to the last two categories in the above table. The 'Any other comments' section of the form indicated that at least two factors were operative here, a different perception of counselling roles, and the fact that responses made in October were still remembered in May.

Thus I found it difficult to get really into the interviews as my frame of thought, response etc. was different to those being expressed by the counsellor in the tapes. I was all the time involved in mental gymnastics - from my proposed task throughout the interviews to interjecting into the actual interview (P.S.1 May).

Very difficult to follow and insert responses into a situation I personally would not have placed myself in. (P.S.9 May).

Especially with the video taped interviews I found that I was able to remember the dialogue quite well and I think that may have had some effect on my responses. With such extreme interviewers it was difficult to take the exercise so seriously second time round, especially again with the video tape interviews. (C/8 May).

Analysis of the comments of participants indicates that frustration with the counselling methods of the minister in 'Hospital Chaplain' was a more cause of feeling unable to participate in May than either the impossibility of influencing the course of the interview as indicated by Strupp (one comment) or that of remembering previous responses



(two comments). Granted these difficulties however, it does seem as though the subjects were able to participate in the video tapes to a satisfactory degree.

How authentic did the subjects find the audio tapes, granted that they knew they had been prepared by actors? Again information is available from the evaluation form. Their responses on this issue were as follows:-

TABLE 18  
Evaluation of authenticity of interviews

The tape recorded interviews sounded		Very Authentic	Quite Authentic	Rather staged	Very staged
Experimental Group	Oct	4	3	4	1
	May	1	3	8	1
Control Group	Oct	1	6	2	1
	May	1	5	4	0

Here we see the difficulty with the audio taped material. Of the experimental group only 7 (54%) thought in October that it was at least 'quite authentic', these figures only being slightly better for the control group. An interesting feature of the above table is the number of subjects in the experimental group, 8 (61%) who in May considered the material to be rather staged. This may have been simply due to hearing the tapes a second time though the movement is not nearly so marked in the control group. One might speculate that the reason for the change in the experimental group is that training has given them a greater 'feel' for the process of the counselling interview leading them to perceive a lack of authenticity in the audio tapes. We note however that very few of the subjects found the tapes totally unconvincing and agree with Campbell that "the evaluation of authenticity may depend on factors in the



subjects themselves as much as it does on the nature of the material".<sup>1</sup>

A final cautionary note must relate to the smallness of the numbers involved in this exercise.

In conclusion then, we can say that despite its drawbacks, this method of obtaining counsellor responses appears to be as good as any that can be devised. There are certainly inherent difficulties but none that totally destroys the validity of the measure.

#### B. Classifying Counsellor Responses

In the previous section we have described a method of obtaining counsellor responses to a set of simulated pastoral counselling interviews. Twenty three persons (13 in the experimental group and 10 in the control group) made 38 separate counselling responses in both October and May, making a total of 1,748 separate responses. We must now turn to the question of how these responses may be categorised so that meaningful conclusions may be drawn which enable us to discern the difference in styles between individuals and groups of counsellors, and whether any changes have taken place in these styles as a result of the work done during the academic year.

It might have been possible to build a method of classification into the test itself. In discussing the 'Vignette' method of obtaining counsellor responses we noted how Porter devised a method in which counsellors were asked to choose one of a set of five alternative responses which he categorised as (E)valuative, (I)nterpretive, (S)upportive, (P)robing and (U)nderstanding. Thus each counsellor gains an EISPU score, and his counselling style is easily described in terms of these categories. Thus it would have been possible to construct five alternative responses appropriate to each of the 38 stopping places and asked the subjects to choose

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1 Campbell p. 63

an appropriate response on each occasion the tape was stopped. This would have made both classification and scoring simplicity itself. But much would have been lost by this method. It would have introduced even greater artificiality into the simulated counselling sessions and one more restriction into the method. Further the ready-made alternatives might well have put responses into subjects' mouths which in the real situation would never have occurred to them. As Campbell succinctly put it

"The scores which we would be allocating them (the subjects) would therefore be measuring not how they do respond but how they think they ought to respond. The real responses of most counsellors are much more ill-organised and therefore much harder to put neatly into classification systems than prefabricated model responses which fit neatly the categories in the investigator's mind"<sup>1</sup>

Campbell realised that what was required was a method which took the responses in their raw state and allocated them to categories which seemed appropriate for describing them, and since his method of obtaining counsellor responses was derived from that of Strupp, it seemed logical to examine Strupp's method of classifying these same responses. Strupp had devised a method of classifying responses based on a simple kind of content analysis of subjects' raw responses when films were stopped and they were asked "What would you have said or done at this point?". Strupp's system consists of a series of categories defining different aspects of each response. Campbell adapted these categories to a form more suitable for research in pastoral counselling, and with a minor modification these were the

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1 Ibid p. 65

categories used in this project. Campbell used six primary categories of counsellor response. These were

- Silence (S)
- Reflection of feeling (FR)
- Exploration of feeling (FE)
- Information seeking (IS)
- Theological guidance (TG)
- Others (Inc. Interpretations) OI)

In this research a further category was introduced, Value Exploration (VE), as an attempt to capture the students' ability to take the initiative in exploring values (including religious values) as opposed to feelings, without going so far as to offer theological guidance. This was not an altogether successful innovation for reasons which will be discussed when the practical outworking of the method is described.

Four other categories of response were obtained from various combinations of the above primary categories, as follows:

Minimum response (M)	= S + FR
Questioning (Q)	= FE + IS + VE
Direct Guidance (D)	= TG + OI
Interest in feeling (IF)	= FR + FE

In addition Campbell used two 'Quality of response' scales devised by Strupp. These were the Initiative and Therapeutic Climate scales, whose meaning is best shown by Strupp's own diagrams reproduced in Figure 1.<sup>1</sup> These were also used in this project. Finally a blank was designed to allow the categorising and recording of the students' responses and this is shown in Figure 2.<sup>2</sup>

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1 See page 185

2 See page 186

FIGURE 1

'Initiative' and 'Therapeutic Climate' Scales

Initiative Scale

0	1	2	3
Absence of initiative	Mild forms of initiative	Moderate initiative	Strong initiative
'The therapist is anonymous'		The therapist is more active, assumes the role of an expert	The therapist assumes the role of an authority

Therapeutic Climate Scale

-2	-1	0	+1	+2
Coldness		Neutrality		Warmth
- - - - - Withholding - -			- - Giving - - - - -	
rejection		Objectivity		acceptance
sarcasm		task-		understanding
cynicism	Milder	orientation	Milder	tolerance
derision	degrees		degrees	empathy
hostility of -2			of +2	respect
criticism				
brutality				

(from Strupp 1960, p. 255f)

Note: It was found to be more satisfactory to give separate scores for warmth and coldness since a simple sum obscures the difference between subjects with mostly zero scores and subjects with an equal balance of positive and negative scores.

**FIGURE 2**

Blank for categorising students' responses to tapes

Code No.

	S	FR	FE	IS	TG	VE	OI		I	C+	C-
A 1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
B 1											
2											
3											
4											
5											
6											
7											
8											
C 1											
2											
3											
4											
D 1											
2											
3											
4											
5											
6											
7											
8											

$$M = S + FE = \dots\dots \quad Q = FR + IS + FE = \dots\dots \quad IF = FR + VE = \dots\dots$$

$$D = TG + OI = \dots\dots$$



## The Classification System in Action

So far the system of classification has been laid out only as an empty framework. How did it work in practice? This can be seen by examining samples of responses by different subjects at the same point in the interview and observing the wide variety of responses obtained. We must also examine at this point the reliability and consistency of the classification. First, however, some examples of the different kinds of responses which were obtained at certain stopping points, and the ways in which they were classified.

### Example 1 From 'Hospital Chaplain'

At this point in the tape, 'Mrs. Gourlay' the patient who knows that she will probably not recover from her illness, has been expressing anxieties about who will care for her family, including a mentally handicapped child. We pick up the script at a point where the minister (C) begins to explore the patients (P) relationship to the church.

C30 Do you have actual connection with the church?  
Have you been a member of the church?

P30 I have been a member.

C31 Yes .... for a long time?

P31 Well I ..... When I ..... I've grown up in the church.

C32 Yes.

P32 It was only after my little girl was ill that I sort of didn't ..... I started not really believing so much (9)

C33 Yes, yes, you felt of course that something had happened to her that was quite outrageous if you believed in a God who was loving and merciful.

P33 Yes, yes.

The following is a selection of responses given after P32 (Designated A9).

<u>Students Code No.</u>	<u>Time</u>	<u>Response</u>	<u>Cate- gory</u>	<u>Initia- tive</u>	<u>C+</u>	<u>C-</u>
PS3	Oct.	Mmmm	Sil.	0	1	-
PS6	Oct.	Yes it is hard to believe in the face of such difficulties.	F.R.	1	1	-
PS7	Oct.	Would you like me to get in touch with your minister? (If yes) what is his name?	I.S.	1	-	2
C/1	Oct.	You want to, don't you?	T.G.	1	-	1
PS1	May	You felt anger towards God perhaps?	F.E.	2	1	-
PS7	May	Do you feel God let you down in this way?	F.E.	2	-	-
C/3	May	I don't blame you	O.I.	1	1	-
III/1	May	Believing is something you do	T.G.	1	-	1

It is hoped that the reasons given for allocating the above responses to the various categories are self-evident. There were two 'Interest in Feeling' responses; thus PS6 (Oct) is classified as Feeling Reflection in that the counsellor caught and reflected the feelings in the patient's communication, and PS7 (May) as Feeling Exploration for here the counsellor has to probe into and explore the latent feelings. The Climate Rating scale is illustrated by the difference between PS7 (Oct) and PS1 (May). While the former rejects completely the feelings expressed by the patient and is marked C- = 2, the latter conveys the impression that it is quite understandable that the woman should have some doubts and is marked C+ = 1.

## Example 2 From 'Hospital Chaplain'

This excerpt from the script follows soon after the one given above. The minister has been doing most of the talking.

C38 Yes. It happens so often but it is personal to you and in that it is understandable, what happens to other children you feel for them, but this comes directly home.

P38 Yes.

C39 And yet of course you probably realise children like that are very much the concern of God, and it is not his will that they suffer in any way.

P39 .... well why do they? .... why is there so much suffering? (12)

C40 It is a very difficult and involved question, isn't it? ..... and yet we hold on to our essential faith in these things, etc. etc. ....

A selection of responses at A12 is given below with classifications.

<u>Code</u>	<u>Time</u>	<u>Response</u>	<u>Classif<sup>n</sup></u>	<u>Init.</u>	<u>C+</u>	<u>C-</u>
PS1	Oct	Why do you think?	V.E.	1	-	-
PS8	Oct	Why do they indeed? Perhaps we can learn from the experience and see more of God's work	T.G.	2	-	-
C/1	Oct	Basically it is because of sin in the world	T.G.	2	-	2
C/3	Oct	I don't know. Maybe we should start talking about something happy	O.I.	2	-	2
C/9	Oct	That's a question everyone has to grapple with. There's no easy answer. What do you feel?	F.E.	2	1	-
PS8	May	This is a question none of us can answer. We must first believe God is active in all things whatever happens	T.G.	2	-	2
PS13	May	If only I knew. I find it difficult to understand too.	F.R.	1	1	-

This illustrates the kind of responses which were forthcoming when the students were faced with a direct question which struck at the roots of their own theology, and how sometimes the attempt to provide answers resulted in responses which totally neglected the feelings of the patient e.g. C/1 (Oct), PS8 (May). On the other hand, sometimes the confession of agnosticism by the students was felt to imply an acceptance of the patient's feelings, e.g. C/9 (Oct), PS13 (May).

Example 3 From 'Elizabeth Simon'

Elizabeth (P) has come to see her minister (M) depressed after failing her university examinations. We pick up the conversation as her minister explores the reason for this state of affairs.

- M10 Would you say you did not do well because you couldn't do well or because you gave up the ghost too soon?
- P11 Yes ... possibly ... because I have experienced ... it's the way it has always been, you know, I struggled through school but ...
- M11 You always just struggled through?
- P12 Yes, you see, the thing is both my brother and sister you know they managed to ....
- M12 They've done quite well, haven't they?
- P13 Yes
- M13 And does anyone keep telling you this - they've done so well
- P14 Yes, in fact my father gets very annoyed at me failing exams - he never failed an examination in his life, sort of thing and ... (3)
- M14 They were easier in those days.
- P15 Yes, possibly

Responses were allocated as follows-

<u>Code</u>	<u>Time</u>	<u>Response</u>	<u>Classifn</u>	<u>Init.</u>	<u>C+</u>	<u>C-</u>
PS8	Oct	You must feel fairly lonely in all this	F.R.	1	1	-
III/2	Oct	No. That's quite a pressure to be under. Did you really want to go to university?	FR/IS	1	1	-
C/2	Oct	I had a similar problem to you	O.I.	1	-	-
C/8	Oct	Do you still feel you are competing with the rest of the family.	F.E.	1	-	-
PS6	May	So you feel a good bit of pressure to succeed	F.R.	1	2	-
PS9	May	O (Let her continue)	Sil.	0	1	-
PS14	May	What was the result of your exams?	I.S.	2	-	2

PS6 (May) and PS14 (May) indicated two extreme markings on the Climate Scale, the first conveying a warm acceptance of the girl's feelings, while the second, an irrelevant question about exam results (from one of our African students) totally fails to respond to the emotionality of Elizabeth's feelings.

#### Reliability of the Classification System

The question must be raised concerning the reliability of these classifications. Is it possible to use this system with any degree of consistency and objectivity? Is it possible to use such written evidence as we have (the counsellors' responses) to gather any reliable information at all about the nuances of the transactions taking place between counsellor and counsellee. Since the procedure demands a familiarity with the interview material, the initial classification was carried out by the author himself. Two questions must however be raised



- (a) Was the classification system used consistently throughout the procedure?
- (b) Would another person familiar with the material make the same judgements in allocating responses to categories?

In order to answer the first question, a check on the consistency of ratings over a period of time was made by selecting at random seven subjects and re-scoring all their responses three months after the initial scoring. Table 19 represents the comparative totals for the two occasions. As seen from the value of Spearman's rho there was a good correlation between the ratings on the two occasions (The values of rho are significant at the 1% level for categories M and I, and at the 5% level for all other categories, except C+ which just failed to reach it).

A stricter test was performed for the primary categories by noting the number of single responses on which the two ratings diverged. The results over the seven subjects were as follows

S.I.	4 out of 34 responses	(88% correct)
F.R.	12 out of 56 responses	(82% correct)
F.E.	11 out of 47 responses	(77% correct)
I.S.	12 out of 44 responses	(73% correct)
T.G.	11 out of 43 responses	(75% correct)
U.E.	0 out of 2 responses	( - )
O.I.	12 out of 42 responses	(71% correct)

The best results were obtained for the Minimum Response categories. Certain difficulties were experienced in choosing between 'Exploration of Feelings' and 'Information seeking'. On the whole however, there was reasonable agreement between the two ratings over a period of three months.

To check the issue of objectivity, another random sample of Interview Response scripts was checked by another rater. The person who kindly agreed to do this was actually the person who had performed a similar service for Dr. Campbell 10 years previously. After re-familiarising himself with the material, he rated the random sample without consultation with the author (and of course without knowing the author's ratings). The results of the check on inter-rater consistency are set out in Table 20.

With hindsight, we see that this part of the procedure might have been improved. For one thing, the second rater was familiar with the scripts only in written form and a viewing of the video-tapes would have been advantageous. Secondly a discussion of a few trial ratings would perhaps have eliminated at least some of the wide divergence between the two sets of ratings in the 'Value Exploration' category. For practical reasons these were not possible to arrange. Nevertheless the two ratings show a reasonable measure of agreement with the exception of the VE category, and category Q which involves the UE score. However it should be noted that the author used the VE category hardly at all, which means that in practice the classification actually used was almost identical with Campbell's modification of Strupp's original classification. The 'Value Exploration' category could easily be confused with 'Exploration of Feelings', 'Information Seeking' and even 'Theological Guidance'. Apart from the VE category, the worst results were obtained from the Climate ratings

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1 Rev. Maxwell Craig who after graduating from New College studied pastoral counselling at Princeton Theological Seminary and who is now a parish minister in Glasgow.

which is not surprising since what constituted warmth must obviously depend upon the presuppositions of the rater, and even perhaps upon how he is feeling at the time of the rating.

The conclusions from the tests of consistency and objectivity is that a satisfactory method of categorising counsellor responses has been developed with the exception of the 'warmth' and 'coldness' scales, though the high value of p for the 'coldness' scale in the self-consistency test indicates that it may be used when we come to consider differences between October and May in evaluating the changes which take place as a result of the course.

This completes our description of the placements and the instruments used in the research project. We now turn to a consideration of the data produced by these instruments.

TABLE 19

Results of Self-Consistency Test for Interview Response  
Ratings

Totals in each category and scale

$t^1$  = author's original rating,  $t^2$  = rating  
 three months later

Subject's Code No.	M		Q		D		IF		TG		I		C+		C-	
	$t^1$	$t^2$	$t^1$	$t^2$	$t^1$	$t^2$	$t^1$	$t^2$	$t^1$	$t^2$	$t^1$	$t^2$	$t^1$	$t^2$	$t^1$	$t^2$
PS1	25	22	11	13	1	1	22	25	1	1	27	36	16	22	2	0
PS6	22	20	8	8	5	9	19	19	2	4	33	43	25	36	2	4
PS12	11	10	21	20	5	6	14	14	1	3	37	45	10	12	11	14
III/1	10	9	12	11	16	18	12	11	7	9	52	63	14	10	15	12
C/1	9	7	8	8	23	24	9	8	15	14	66	76	6	13	22	29
C/5	2	4	15	16	19	14	6	11	8	7	59	66	4	6	30	24
C/9	13	17	20	17	8	7	22	17	5	3	51	50	18	33	6	10
p	1.00		0.97		0.91		0.89		0.91		1.00		0.76		0.91	

TABLE 20

Inter-rater Consistency

Totals in each category and scale

	Si1 r <sup>1</sup> r <sup>2</sup>	FR r <sup>1</sup> r <sup>2</sup>	FE r <sup>1</sup> r <sup>2</sup>	IS r <sup>1</sup> r <sup>2</sup>	TG r <sup>1</sup> r <sup>2</sup>	VE r <sup>1</sup> r <sup>2</sup>	OI r <sup>1</sup> r <sup>2</sup>	M r <sup>1</sup> r <sup>2</sup>	Q r <sup>1</sup> r <sup>2</sup>	D r <sup>1</sup> r <sup>2</sup>	IF r <sup>1</sup> r <sup>2</sup>	I r <sup>1</sup> r <sup>2</sup>	C+ r <sup>1</sup> r <sup>2</sup>	C- r <sup>1</sup> r <sup>2</sup>
PS8 (O)	7 6	12 8	6 8	5 6	4 7	1 8	5 2	19 19	12 22	10 9	18 11	44 50	25 26	7 11
III/2 (O)	12 11	7 7	5 4	7 3	3 5	0 8	4 1	19 18	12 15	7 6	12 11	33 34	23 32	7 2
C/4 (O)	7 6	3 10	11 10	5 3	5 5	0 4	6 1	10 16	16 17	11 6	16 20	43 36	5 22	9 6
C/5 (O)	1 1	1 1	5 11	10 6	8 7	0 10	11 3	2 2	15 27	19 10	6 12	59 68	4 15	30 18
PS9 (M)	12 13	1 3	7 8	4 5	1 3	1 4	11 5	13 16	12 17	12 8	8 11	40 45	6 21	21 15
III/2 (M)	4 3	6 15	12 10	1 3	9 7	0 9	8 4	8 8	13 22	17 11	18 15	47 56	9 14	14 18
C/4 (M)	3 3	4 5	14 11	3 4	7 9	2 9	8 2	7 8	19 24	15 11	18 16	57 65	5 29	20 3
C/9 (M)	8 9	7 5	13 13	3 6	3 5	2 6	3 1	15 14	18 25	6 6	20 18	38 49	13 49	10 0
p	0.99	0.66	0.62	0.23	0.80	0.17	0.85	0.91	0.50	0.74	0.50	0.72	0.48	0.52

r<sup>1</sup> = authorr<sup>2</sup> = Rev. Maxwell Craig



## CHAPTER VI

### THE EXTENDED FIELD-WORK PLACEMENTS

#### (b) ANALYSIS OF DATA

Having described in detail the hospital placements in which the students were involved, and outlined the research methods used, we now turn to an analysis of the results obtained using these techniques.

##### 1. A. GENERAL INFORMATION

For ease of comparison the relevant information for both the test group and the control group are set out in Table 21.

An examination of the data reveals that the test group and the control group were remarkably well matched in all categories. While a large number of students were invited to join the control group it is interesting that nine of those who did had already undertaken a previous course in the Department of Christian Ethics and Practical Theology. This previous involvement with the department enhances the value of the control group since its previous experience profile becomes all that more similar to that of the test group. The only difference of note is that the test group contained a larger number of students with a previous degree, an inevitable consequence of the fact that the Diploma, and sometimes the Certificate, in Pastoral Studies is a post-graduate qualification.

TABLE 21

General Information (Fieldwork placements)

	Test Group	Control Group
N	13	10
Age	Mean 27.6 Range 22-51	Mean 26.9 Range 20 - 46
Sex	Male 11 Female 2	Male 6 Female 4
Marital Status	Married 7 Single 6	Married 6 Single 4
Country of Origin	Scotland 9 England 1 Kenya 1 Malawi 1 Germany 1	Scotland 7 England 1 Ireland 1 U.S.A. 1
Denominational Allegiance	Presbyterian 10 Episcopalian 2 Lutheran 1	Presbyterian 9 Episcopalian 1
Vocational intention (some subjects listed more than one)	Parish Ministry 11 Hospital Chaplain 2 Social Work 2 'Not church' 1	Parish Ministry 6 Hospital Chaplain 1 Social Work 1 Theology teacher 2
Previous Degrees	B.D. 5 B.A. (Theol) 1 B.A. (Soc) 1 M.A. English 1 None 5	B.D. 1 B.A. (Rel & Psych) 1 B.A. (Gen) 1 H.N.C. 1 None 6
Previous church experience	Student attachments 6 Parish ministry 2 (The men from Kenya and Malawi)	Student attachments 4 Deaconess 1
Previous courses in Pastoral Care and/or Counselling	P.T.I 9 P.T.II 3 P.T.III 2 Transactional Analysis 2 Clinical Theology 1	P.T.I 6 P.T.II 4 P.T.III 1 Transactional Analysis 1
Previous reading in psychiatric or religious counselling literature	None 1 Some 8 Fairly extensive 3 Very extensive 0	None 0 Some 8 Fairly extensive 2 Very extensive 0

## 1. B. ATTITUDE INVENTORY

We now come to a consideration of the data provided by the administration of the Attitude Inventory, which was one of the main instruments used by the P.T.I. class.

Though the period of involvement in the hospitals of the students undertaking field work placements was much longer than that of the first level class the number of statistically significant changes over the period of the course was very much smaller. Indeed only one<sup>1</sup> of the 40 items showed a significant change between October and May. Undoubtedly the smaller size of the groups involved accounted for part of this lack of statistical significance. It is however possible to discern certain trends in the results which may be suggestive of changes which are taking place. Of particular interest are the different reactions of the students placed in general and psychiatric hospitals. Since the results of this exercise are so lacking in empirical validity they are placed among the Appendices (page 301) and we now proceed to list what can only be the very provisional conclusions which can be drawn from them.

### Summary of analysis of attitude inventory

Granted that the analysis yielded little that is of statistical significance, are there any tentative conclusions which can be drawn from it? Certain facts do emerge which can only be taken at their face value and as possible pointers to issues which need to be researched more thoroughly with larger numbers.

- 
- 1 Item 38: In the face of human suffering, it is some times difficult to speak a specifically Christian word (2.92 → 2.15,  $p < 0.05$ ). We must however treat this result with great caution as the control group moved by a similar, though not statistically significant, amount (3.50 → 2.80)

1. Students began their courses on pastoral care and counselling, courses involving a hospital placement, with seemingly more clearly defined views on hospitals and ministry than did the students in the Practical Theology I class. Like the more junior class, they came with negative attitudes to hospitals regarding the communications of information to patients and respect for patients beliefs and values, though they were happy with the observance of confidentiality regarding the personal affairs of patients. Their pre-course views on psychiatry and ethical issues were very similar to those of the Practical Theology I class, being very clearly defined in the former case, and in the latter displaying a suspension of judgement.
2. Only one of the forty items in the inventory displayed any statistically significant change over the academic year. This may simply have been due to the small numbers involved, or it may have been that attitudes were already formed as a result of participating in the Practical Theology I Conference (we saw that attitudes to hospitals and conceptions of ministry seemed to be more definite to begin with) or it may simply be that this kind of field work experience does not result in significant attitude changes.
3. There were certain items which appeared to differentiate between the students working in general hospitals and those working in psychiatric hospitals as far as attitude change is concerned.  
Those working in the general hospital
  - (1) moved towards the view that doctors do respect the beliefs and values of patients, but
  - (2) came to see the hospital as oriented towards cure rather than care (perhaps because the students were generally placed in acute rather than chronic units)

- (3) became less certain of being able to speak a specifically Christian word in the face of human suffering
- (4) came to disagree with the view that in counselling the dying patient the main role of the pastor is to offer forgiveness of sins in Jesus Christ, but
- (5) came to see the minister but not the psychiatrist as having a distinctive divine call.

The above changes were confined to the first three sections of the inventory, while the changes in those students placed in the psychiatric hospital were confined to sections III and IV as follows.

Students placed in the psychiatric hospital

- (1) became unable to equate mental health and spiritual health
- (2) came to see mental illness as a circumstance not totally foreign to their own experience
- (3) became much less certain that psychiatry and social work had taken over the traditional work of the ministry
- (4) came to believe that it was not wrong to use pain-relieving but life shortening drugs in terminal care
- (5) came to support medical experimentation without therapeutic benefit for the patient on the grounds that others may benefit

The first three items are understandable in the light of the experience of working in a psychiatric hospital. The last two are surprising since they relate more to the general hospital scene which must make us even more cautious about reading too much into results which are interesting but not empirically verifiable.



4. The pattern of response of the students undertaking field work placements was much more like that of the liberal students in the Practical Theology I class than that of the conservative students.<sup>1</sup>

#### I.C. COUNSELLING ASPECTS OF YOUR VOCATION

Analysis of this questionnaire yielded the following information

Age of Vocational decision. The mean age at which the test group reached a decision to enter the ministry was 22.0 years (control group 23.7 years). If however we omit the oldest person from each of these groups, the figures become 18.6 years for the test group and 21.4 years for the control group, a difference which is significant at the 1% level. Thus the students involved in the field work placements appear to have reached their vocational decision at a significantly earlier age than those in the control group.

#### Vocational doubts

Asked whether they had experienced any doubts concerning the rightness of their vocational decision, the two groups responded as follows

	<u>Test Group</u>	<u>Control Group</u>
Considerable	1	2
Some	7	4
None	2	3

(Some students did not reply)

Thus 14 of the 19 students replying (74%) reported some vocational doubts which is comparable with the 67% figure obtained by Campbell.<sup>2</sup>

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1 Appendices p360

2 Campbell p. 115

### Alternative vocations considered

Those who listed possible alternative vocations did so as follows

<u>Test Group</u>	<u>Control Group</u>
Too varied to explain here	Religious education
Social work, nursing	Suicide
Social work, emigration	Journalism, writing
Psychology	Teaching
Something semi-skilled	Teaching
Teaching	

While the numbers involved here are very small, it is interesting to note that while the test group tend to a social work type of alternative, the control group are more oriented towards educational alternatives, with the exception of one student who may or may not have taken the test seriously.

### Previous helping relationships

Asked whether they had felt that they had experienced easy relationships with people with whom they had previously been in a helping relationship, the two groups did not differ in their responses, 7 members of each group replying in the affirmative and three in the negative.

### Other peoples conceptions of ministers

Question 4 of this questionnaire asked whether the students had ever felt limited by other people's conceptions of what a minister should be or do. Interestingly, the two groups differed in this respect, 5 members of the test group replying that they had felt no such limitations while 4 replied that they felt that other people expected ministers to behave in certain ways, to be different. All 10 members of the control group had experienced this restraint upon them. Thus the test group would appear, on the whole to be more comfortable in their role as ministers.

### Uniqueness of minister's counselling role

Asked how they would describe the uniqueness of the clergyman's counselling role as opposed to that of the psychiatrist or social worker, the two groups did not differ significantly in their replies. On the one hand, they felt that psychiatrists and social workers were much more highly trained and could deal with problems beyond the competence of the clergyman. On the other hand, it was felt that the clergyman was concerned with the whole person, that his approach was less formal and that as one member of the group expressed it was able to "bring the caring help of God into the situation". The theological or spiritual dimension of the minister's contribution was an important theme running through most of the student's answers. As we shall see however this emphasis did not manifest itself in the students' responses to the simulated counselling sessions.

### Theoretical Counselling Roles

In question 5 of section IC, the students were presented with a set of counselling roles and asked to choose for each of several counselling situations what they considered to be the two most appropriate roles for each situation. (They could also choose only one role, or more, or suggest some other not listed). This hypothetical role had been derived initially by Campbell asking some of his subjects how they would respond to certain situations.

The counselling roles listed were as follows

- A. Offering practical advice, referring to appropriate agencies, etc.
- B. Listening sympathetically and showing one's understanding.
- C. Eliciting facts of situation by tactful questioning.
- D. Giving relevant Christian teaching.
- E. Reassuring and comforting.

- F. Making clear one's own views of the moral issues involved.
- G. Making intercessory prayer with the person.
- H. Helping the person to find his own answer and come to his own decision.
- I. Communicating the Christian Gospel in the person's own terms.

There followed a list of counselling situations and the students were further asked to choose the best general description of what to do in all situations. As an illustration, and to show how the scoring system worked, the answers of one student (PS4 October) are given in full.

Marriage difficulties	A	C
Bereavement	B	E
Potential suicide	H	E
Teenage sexual problems	C	E
Religious dilemmas	B	G
Seriously ill persons	G	E
Alcoholism	A	E
Choice of career (teenagers)	A	E
Homosexuality	A	B

Best general response B

The scoring of this was modelled on the scoring of the counselling responses (see page 184). This was done so that comparisons could be made between the responses which the subjects thought they would give (as reported in this section of the test) and the responses they did in fact give under simulated counselling conditions (as measured by the Interview Response Rating Sheet). The key for scoring the (theoretical) counselling role descriptions is shown below.

#### Scoring Key for Description of Counsellor Roles

Descriptions B and H	= Minimum Activity (M)
Description C	= Questioning (Q)
Descriptions A,D,E,F,G and I	= Direct Guidance (D)
Descriptions D,G and I	= Theological guidance (TG)

None of the role descriptions was felt to be precisely equivalent to Interest in Feelings (IF)

Scores were calculated by allocating 1 for each description chosen (or 2 if only one was chosen for any given situation). An additional score of 2 was given for the description chosen as the best general description of the subject's counselling in all situations.

Thus the scores for PS4 (October) become

$$\text{Minimum Activity (M)} = B+H+H+B+B+2B = 7$$

$$\text{Questioning (Q)} = C+C = 2$$

$$\text{Direct Guidance (D)} = A+E+E+E+G+G+E+A+E+A+A = 11$$

$$\text{Theological Guidance (TG)} = G+G = 2$$

This method of scoring gives each subject a possible total of 20 marks spread over the three categories, Minimum Response, Questioning and Direct Guidance, with a separate score for Theological Guidance (which was of course part of the Direct Guidance score).

The mean scores for both the Test Group and Control Group in both October and May are listed in Table 22.

TABLE 22

Fieldwork placements: Theoretical Counselling

Responses

	M	Q	D	TG
Test Group (Oct)	8.8	2.4	8.5	2.0
Test Group (May)	8.7	1.8	8.1	2.4
Control Group (Oct)	9.4	1.8	8.3	2.2
Control Group (May)	9.5	1.7	8.8	2.5

(Note M+D+Q does not always equal 20 because there were occasional blanks in the students responses)



Thus we see that

- (1) the most popular role description is Minimum Activity, followed closely by Direct Guidance with Questioning a poor third. Theological guidance was not prominent. (This is very different from the results obtained by Campbell who found that the role description of choice was Questioning, followed by Direct Guidance with Minimum Response third<sup>1</sup>).
- (2) the courses in pastoral care and counselling undergone by the students appear to have had little effect upon what students think are preferred counselling responses, though we note slight decreases in the Q and D categories for the test group which are not statistically significant.

#### Expectations and Realisations of the Course

Question 7 was introduced into Section C of the 'General Information Questionnaire' in order to utilise Wanberg's method of inviting the students to rank their expectations and felt realisations of the course in terms of eight goals culled from the literature of clinical pastoral training (see page 159).

Various questions were of interest

- (1) What does this exercise reveal about the characteristics of the test group and how does it differ from the control group?
- (2) Did the felt realisations in May differ from the expectations expressed the previous October?
- (3) How do the results obtained in this project compare with those obtained by Wanberg?

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1 Campbell p. 146

Relevant to the above questions are the following factors

- (a) the relative weight given to the different goals considered individually
- (b) the relative weight given to the different goals grouped according to what Wanberg defines as the educational dimension (I - IV) and the therapeutic dimension (V - VIII)
- (c) the influence of the location of the placement (general hospital or psychiatric hospital)

Computation of the mean values of the eight goals revealed the following results.

TABLE 23

Expectations and Realisations of course

<u>Goals</u>	<u>Test Group (Oct)</u>	<u>Test Group (May)</u>	<u>Control Group (Oct)</u>
I.A better understanding of people and their emotional strengths and weaknesses	1	1	1
II.An opportunity to work with members of other helping professions	8	7	4=
III.A way of integrating theological and psychological understandings of man	6	6	6
IV.A way of learning some techniques of pastoral care and counselling	5	5	3
V.A better understanding of myself	3	2	7
VI.A significant encounter with human suffering and a greater empathy for such suffering	2	4	4=
VII.An increased ability to handle the threatening and emotional situations which may be experienced in pastoral work	4	3	2
VIII.A deepening of my commitment to the service of God and man	7	8	8

(1) The primary expectation of the students undertaking field work placements was that they would come to be better understanding of people, one of Wanberg's educational goals. The next three goals, however, lie in Wanberg's 'Therapeutic' area. For the control group, the educational and therapeutic expectations were more evenly divided and it is interesting to note that while better self-understanding was one of the most important expectations listed by the test group, it was one of the least important listed by the control group. The relative emphasis given to the educational and therapeutic dimension for the test group and control group was examined by means of the Chi-squared test.

TABLE 24

"Educational" and "Therapeutic" Expectations of Course

	<u>T (Oct)</u>	<u>C (Oct)</u>	
Goals I - IV	4.7	3.9	
Goals V - VIII	4.3	5.1	p > 0.05

This difference was not significant though the expectations of the control group were more biased towards the educational dimension. Mann-Whitney tests showed that the difference in rankings of Goals II, IV, VII and VIII to be significant at the 5% level.

(2) As a result of participation in the course there were some significant changes in the ranking of certain goals for the test group. The Wilcoxon Test revealed the changes in the ranking of goal VI (7th → 4th place) and goal VII (4th → 3rd place) were significant at the 5% level.

(3) Of particular interest are the results when split according to the locus of the placement. The weighted ranks for the general and psychiatric placements are as follows:-

TABLE 25

Comparison of expectations and realisations of students  
placed in general and psychiatric hospitals

Goal	General Hospital		Psychiatric Hospital	
	Oct	May	Oct	May
I	1	2=	1	1=
II	8	8	8	5
III	6	7	5	4
IV	4	5	6	8
V	5	4	3	1=
VI	2	2=	4	6
VII	7	1	2	3
VIII	3	6	7	7

The most interesting feature of this table is the change in the ranking of Goal VII among the students placed in the general hospitals which jumped from seventh place among the expectations to first place among the felt realisations. Thus in terms of the eight goals presented, the students working in general hospitals felt their main gain to be in their increased ability to handle the threatening and emotional situations which may be encountered in pastoral work (It is perhaps worth noting that for the general hospital placements, goal VIII - deepening of commitment to the service of God and man - dropped from 3rd to 6th place). For the students placed in the psychiatric hospital, goal V - better self-understanding - moved up from 3rd place to 1st place equal.

If we examine the changes in the goals grouped according to Wanberg's educational and therapeutic dimensions separately for both groups of students, the following results are obtained.

TABLE 26

"Educational" and "Therapeutic" expectations and realisations  
of students placed in general and psychiatric hospitals

Goal	General Hospitals		Psychiatric Hospitals	
	Oct	May	Oct	May
I - IV	4.7	5.6	5.0	4.6
V - VIII	4.3	3.4	4.0	4.4

These results indicate a tendency to move from cognitive expectations to affective felt realisations as a result of this training experience.

(4) How do these results compare with those obtained by Wanberg? Our students, like Wanberg's rated as their most important expectation, the objective understanding of personality and its related emotional strengths and weaknesses. Self-understanding rated equal first by the American students, was rated fifth by our students working in general hospitals and third by those placed in the psychiatric hospital. In terms of felt realisations, the American students rated as first greater self-understanding, followed by a significant encounter with human suffering and a development of empathy for such suffering. The first of these items was rated first by our students working in the psychiatric hospital and the second item rated first by our students placed in general hospitals. This confirms Wanberg's finding that "students in general hospitals placed greater value on the experience of encountering human suffering; the students in psychiatric or correctional settings placed greater value on the understanding of personality dynamics".<sup>1</sup>

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1 Wanberg p. 50



## II. PERSONALITY TESTS

The personality tests were used to enable us to investigate the relationship between personality factors and counselling styles, and a discussion of this relationship must await analysis of the responses to the taped interviews. However at this point when we are examining the broad parameters of the groups, it is instructive to examine the personality scores themselves.

### 1. The Eysenck Personality Inventory (EPI)

N Scale The following are the scores for the test group, control group and norms for various other groups as listed in the Manual of the EPI <sup>1</sup>

TABLE 27

EPI scores and norms (N scale)

Test Group	8.77	(SD 4.04)
Control Group	10.30	(SD 4.67)
Normal population	9.07	(SD 4.78)
Students	10.01	(SD 5.01)
Medical students	9.23	(SD 3.83)
Student teachers	10.72	(SD 4.34)
Student nurses	10.50	(SD 4.10)
Neurotic groups	14.41	(SD 5.47)

Thus while the control group mean is almost identical with that of the general student population, that of the test group is lower than that for other groups of students, and slightly lower than that for the general population. The implication is that the students involved in the placements are not generally of high anxiety though the range of scores (3 - 18) indicates that the group is not homogeneous.

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<sup>1</sup> Eysenck and Eysenck p. 16

E Scale Mean scores for the test and control groups and other groups listed in the manual<sup>1</sup> are as follows:

TABLE 28

EPI scores and norms (E Scale)

Test Group	11.46	(SD 2.40)
Control Group	9.40	(SD 3.10)
Normal population	12.07	(SD 4.37)
Students	11.09	(SD 4.54)
Medical students	10.77	(SD 3.70)
Student nurses	12.44	(SD 3.16)
Student teachers	12.37	(SD 4.46)

On this scale, the test group mean is very similar to that of the student population generally, though interestingly that of the control group is rather low, indicating a much more introverted control group.

2. The Omnibus Personality Inventory (OPI)

The mean scores for the test group and control group for the two scales used in this research are given below with the normative scores for other groups as set out in the 1962 edition of the research manual<sup>2</sup>.

TABLE 29

OPI scores and norms

	<u>Thinking-Introversion</u> (TI)	<u>Complexity</u> (CO)
Test Group	35.33 (SD 8.54)	12.08 (SD 3.45)
Control Group	41.40 (SD 12.55)	12.28 (SD 5.90)
College freshmen (US)	34.80 (SD 9.50)	11.7 (SD 4.6)
Graduate students in Psychology	45	15
Graduate students in Religion	49	12

1 Ibid p. 17

2 Manual of the OPI p54

Thus on Thinking-Introversion, the test group mean was almost identical with the mean score obtained from a sample of 2,390 American college freshmen but considerably smaller than that obtained from graduate students in either psychology or religion. The mean score for the control group was higher than that of the test group and the difference statistically significant ( $p < 0.05$ , Mann Whitney). We see therefore that though the test group contained a large number of graduates, its capacity to cope with abstract ideas was much closer to that of undergraduate than post-graduate students.

On complexity the mean scores for both test group and control group were almost identical with those for the normative group of college freshmen and graduate students of religion, but smaller than for graduate students in psychology. It would appear that students of religion are not particularly marked for their ability to tolerate novel situations or ideas!

### 3. The Wilson-Patterson Attitude Inventory (WPAI)

The test group mean and control group mean scores are set out in the following tables along with the means for other groups as listed in the Manual of the WPAI<sup>1</sup>.

TABLE 30

<u>WPAI scores and norms (Conservatism scale)</u>		
Test Group	40.15	(SD 10.15)
Control Group	37.60	(SD 11.20)
University students (UK)	25.33	(SD 13.00)
College of Education Students (UK)	36.07	(SD 10.50)
Heterogeneous males (UK)	36.81	(SD 17.24)
College of Education women (UK)	43.10	(SD 11.78)
Housewives (NZ)	60.98	(SD 12.02)

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<sup>1</sup> Wilson (1975) p. 36

Thus while the test group is slightly more conservative than the control group, both of these groups of divinity students are much more conservative than university students generally. While women tend to be more conservative than men, there were only two women in the test group and their C-scores were 19 and 31, so that sex does not seem to have biased this group towards a conservative position. We now compare both groups on the six scales of the WPAI with two other groups mentioned by Wilson.<sup>1</sup>

TABLE 31

WPAI scores and norms (All scales)

Group	Con	Real	Mil-pun	Anti-hed	Ethno-cent	Rel
Test Group	40.15	21.15	9.46	15.31	6.62	10.69
Control Group	37.60	20.20	8.20	14.60	5.20	8.00
Teacher College Students (UK)	35.8	29.40	9.30	11.00	6.60	8.20
Dutch Reformed Cong (SA)	<del>68.3</del> 68.3	51.7	15.30	17.60	16.20	17.60

Thus, while both of our groups of students are on the whole more conservative than Wilson's group of student teachers (being higher on Conservatism, Anti-hedonism and Religion) but lower on Realism and Ethnocentrism, all the student groups present a very different profile from what is almost by definition a markedly conservative group, a congregation of the Dutch Reformed Church in South Africa. This latter group may of course be biased itself by the conservative-disposing factors of age and sex, (containing if it is typical of other congregations a large percentage of older people and women).

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<sup>1</sup> Ibid p. 47

What we do not know is how far our test group is typical of divinity students as a whole. One suspects - and here we must guard against prejudice - that students who opt for a course in pastoral care and counselling are at the liberal rather than the conservative end of the theological spectrum. Certainly our analysis of the attitude inventory indicated a liberal rather than a conservative bias compared with the divinity students who participated in the obligatory Easter vacation conference. We cannot even be sure that the control group is representative of the body of divinity students, for those who agreed to be part of the control group are only a small proportion of the many who were invited to do so. It is possible that a control group which was representative of the total student body would not have been a good match for the test group.

#### Personality profiles of Test Group and Control Group

As a group, the students involved in the field work placements tended to be on the low side of normal anxiety levels compared with the normal student population, but high as far as conservatism is concerned. They displayed an average degree of extraversion and capacity to work with abstract ideas.

The control group however was much nearer the normal student population in terms of anxiety but much more like a graduate students population in their capacity to handle abstract ideas. They were much lower than students generally in their degree of extraversion.

While these results are interesting in themselves, the reason for using the tests which produced them, was to investigate how personality traits relate to counselling styles. To this we will return after analysing the results of the simulated counselling exercise.



### III RESPONSES TO TAPED INTERVIEWS

In the previous chapter, we saw how the students in both the test group and control group responded to tape-recordings of simulated counselling sessions, a procedure which was carried out both at the beginning of the academic year in October and at its conclusion in May. We also described the method of categorising the students counselling responses. Mean values for each category of response were calculated for both groups on each occasion and are set out in the following tables.

Tables 32(a) 1 - 7 Comparison of Responses for Test Group (N=13) and Control Group (N=10) for each of the seven primary categories.

1	Silence	
	Oct	May
T	8.15	7.38
C	7.60	5.70

2	Feeling Reflect	
	Oct	May
T	7.85	5.77
C	4.30	5.20

3	Feel Explorn	
	Oct	May
T	5.69	10.54
C	9.10	8.10

4	Info Seek	
	Oct	May
T	5.85	5.00
C	4.80	5.10

5	Theolog. Guid.	
	Oct	May
T	3.85	2.62
C	5.60	6.00

6	Value Explorn	
	Oct	May
T	0.53	0.46
C	0.40	1.90

7	Others	
	Oct	May
T	3.54	3.30
C	7.30	7.20

Tables 32 (b) 1 - 4 Comparison of Responses of Test Group and Control Group for four combined categories.

1	M = S + FR	
	Oct	May
T	16.00	16.92
C	12.90	10.90

2	IF = FR + FE	
	Oct	May
T	13.54	20.08
C	13.70	12.50

3	Q = FE + JS + UE	
	Oct	May
T	12.23	16.00
C	13.70	14.10

4	D = TG + OI	
	Oct	May
T	7.39	5.92
C	13.50	12.60

Tables 32 (c) 1 - 3 Comparison of Responses of Test Group and Control Group on 'Quality of Responses' categories.

1	Intervention	
	Oct	May
T	35.61	37.30
C	51.60	49.60

2	'Warmth'	
	Oct	May
T	15.85	19.77
C	11.40	9.30

3	'Coldness'	
	Oct	May
T	10.23	7.23
C	13.30	12.30

### Statistical Analysis

Two statistical tests were applied to the above data.

(1) Simple non-parametric tests were used to compare the Test Group and Control Group in both October and May (Mann-Whitney Test) and then the October and May scores for both groups (Wilcoxon Ranked Pairs Test).

(2) Analysis of Variance calculations were performed using an EDEX Computer Programme<sup>1</sup>.

The information obtained from this analysis enables us to compare not only the differences between the test group and the control group in October and May, but also the changes in the test group with the changes (if any) in the control group over the course of the academic year.

(1) Comparison of Test Group and Control Group in October  
In October there were significant differences between the two groups in three categories.

TABLE 33

Comparison of Test Group and Control Group at beginning  
of course

	<u>Test Group</u>	<u>Control Group</u>	<u>p (Wilcoxon)</u>	<u>p (Anal of Var)</u>
Others (inc. Inter/s)	3.54	7.30	< 0.05	< 0.05
Direct Guidance	7.39	13.50	nearly sig	< 0.05
Intervention	35.61	51.60	< 0.05	< 0.05

These three categories are probably related to one another. Certainly "Others (including Interpretations)" is a component of Direct Guidance and one might anticipate that counsellors who are high scores on Direct Guidance are also high on Intervention. (It is interesting to note the

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1 E.A. Hunter et. al. EDEX Analysis of Experiment  
(Edinburgh Regional Computing Centre; Inter-  
University/Research Council Series 1973).

This work was carried out with the kind assistance of Mr. Ralph McGuire, Department of Clinical Psychology, Royal Edinburgh Hospital.

tendencies in these categories where the differences did not reach statistical significance, the Test group being higher on Feeling Reflection and 'Warmth' while the Control group was higher on Feeling, Exploration, Theological Guidance and 'Coldness'.

(2) Comparison of Test Group and Control Group in May

At the end of the academic year comparison of the two groups yielded a rather different pattern. Then the statistically significant differences were as follows:

TABLE 34

Comparison of Test Group and Control Group at end of course

	<u>Test Group</u>	<u>Control Group</u>	<u>p(Wilcoxon)</u>	<u>p (Anal. of Var)</u>
Theological Guidance	2.62	6.00	< 0.05	< 0.05
Value Exploration	0.46	1.90	< 0.05	< 0.05
Others (inc.Interps)	3.30	7.20	< 0.05	< 0.05
Minimum Response	16.92	10.90	nearly sig	
Interest in Feelings	20.08	12.50	< 0.01	< 0.01
Direct Guidance	5.92	12.60	< 0.05	< 0.01
Intervention	37.30	49.60	< 0.05	< 0.05
Warmth	19.77	9.30	< 0.05	< 0.01
Coldness	7.23	12.30	< 0.05	nearly sig

At the end of the course we found that compared with the Control Group, the Test Group is less inclined to give theological guidance or offer interpretations. The combined scores show that those who participated in the course are now much more interested in feelings as well as less inclined to offer guidance of any sort, while the "Quality of Response" scores show that they are less authoritarian, more 'warm' or 'less cold', in their responses

than the control group. All these differences were statistically significant.

(3) Let us now examine the differences between the two groups over the course of the year. Taking the Control group first we find that no significant changes took place between October and May, apart from the Value Exploration Category. However we have previously noted the unreliability of this category in discussing Inter-rater consistency. Further the number of responses actually allocated to this category was very small. Therefore being exploratory type responses they were combined with the Questioning of Category.

We now find that the significant changes which took place in the Test Group between October and May were as set out in Table 35.

TABLE 35

Comparison of Responses of Test Group and Control Group  
to training

	<u>October</u>	<u>May</u>	<u>p (Mann</u> <u>Whitney)</u>	<u>p (Anal.</u> <u>of Var)</u>
Feeling Exploration	5.69	10.54	< 0.05	< 0.01
Interest in Feelings	13.54	20.08	< 0.01	< 0.01
Questioning	12.23	16.00	< 0.05	< 0.05

We see therefore that the principal changes in the test group as a result of participation in the course is an enhanced capacity to explore the feelings of the counsellees, which is of course reflected in the two combined categories (IF and Q) in which there were significant changes. We also note certain trends which did not reach statistical significance viz, an increased ability to reflect feelings, a slight decrease in the 'guidance' categories, together with an increase in the 'warmth' scores and a decrease in



the 'coldness' scores. Taken together we see a pattern emerging of increased sensitivity to feelings, greater warmth and or decreased tendency to give advice theological or otherwise.

#### Comparison with hypothetical counselling scores

We now have available the hypothetical counselling scores derived from the Role Description exercise (Section IC, Question 5) as well as the actual scores derived from the responses to the taped interviews. A comparison of the scores for the categories M, D and Q obtained in these two exercises is interesting.

TABLE 36

#### Comparison of hypothetical and simulated counselling responses

<u>Hypothetical Scores</u>			<u>Actual Scores</u>	
(Section IC, Question 5)			(response to Tapes)	
<u>Test Group</u>	<u>Oct</u>	<u>May</u>	<u>Oct</u>	<u>May</u>
M	8.75	8.67	16.00	16.92
D	8.50	8.08	7.39	5.92
Q	2.40	1.75	12.23	16.00
<u>Control Group</u>				
M	9.40	9.50	10.90	12.90
D	8.30	8.80	13.50	12.60
Q	1.80	1.70	14.40	13.70

It must be acknowledged that we are comparing two different types of exercises with material which might inherently call forth very different responses on the part of a counsellor. Nevertheless with this proviso, the comparison of theoretical and actual responses is interesting. What emerges is that while in both theory and practice the Test group see the minimum response category as of prime importance,

when it comes to the other two categories, while theoretically they see themselves using Direct Guidance almost as much as Minimum Response, and Questioning hardly at all, in practice Questioning comes second to Minimum Response before the course, or almost as important (due to the increase in Feeling Exploration) at the end of the course, while Direct Guidance comes well behind both Minimum Response and Questioning.

The Control Group does not differ markedly from the Test Group in their hypothetical counselling role descriptions. In practice however they were much more lavish in the use of Direct Guidance and in this respect there was more agreement between their hypothetical and actual counselling roles, i.e. they were as fond of Direct Guidance in practice as they thought they ought to be in theory.

These results will be seen to be of even more interest when we come to compare them with those obtained by Campbell 10 years ago.

#### Factors influencing Counselling Response

We now consider three factors which might be considered to have some influence upon counsellor responses

- (1) The setting of the placement
- (2) The length of the placement
- (3) Personality factors

##### (1) The setting of the placement

Eight of the thirteen students have placements in the two general hospitals and five in the psychiatric hospital. Mean scores were calculated for each of these groups of students for both October and May.

TABLE 37

The Effect of the Setting of the Placement

Category of response	Gen Hosp Oct	N = 8 May	Psych Hosp Oct	N = 5 May
S	6.50	5.13	10.80	11.00
FR	7.88	8.63	7.80	9.00
FE	5.13	12.50	6.60	7.40
IS	6.88	5.88	4.20	3.60
TA	4.50	2.75	2.80	2.40
OI	3.88	3.63	3.00	2.80
M	14.38	13.76	18.60	20.00
IF	13.00	21.13	14.40	16.40
Q	12.76	18.88	11.00	11.50
D	8.38	6.38	5.80	5.20
I	34.38	7.25	31.20	33.40
C+	14.63	18.00	17.80	22.60
C-	12.63	8.38	6.40	5.40

None of the differences between the two groups of students reached statistical significance. Nevertheless taking the figures at their face value certain observations can be made.

(a) Both before and after the course, the students placed in the psychiatric hospital seem to prefer the use of silence as compared with those in general hospitals. This was the only apparent initial difference between those two groups of students in their counselling response and fell just short of statistical significance on the Mann-Whitney Test. (Interestingly over the 10 personality scores, the only one on which the students in general and psychiatric hospitals seemed to differ was conservatism).

General hospital placements (N = 8)                      Con = 43.25

Psychiatric hospital placements (N = 5)                  Con = 35.20

Is high Con correlated with high S? For an answer to this we must await results of correlations involving personality scores.

(b) While the major change in the total group was the statistically significant increase in the Feeling Exploration category, an examination of the table shows this to be coming mainly from the students placed in the general hospitals. In fact the shift in this category for the students working in general hospitals was significant at the 1% level.

Thus the main difference between the reactions of students in general hospitals and their colleagues working in the psychiatric hospital is that it is those with field work placements in the general hospitals who become much more able to explore the feelings of the patients.

(2) The length of the placement

It will not have escaped the notice of the reader that the test group contained two distinct groups of students, a group of 10 students studying for the Diploma or Certificate in Pastoral Studies, with a year long placement in which they spent about 8 hours per week working in the hospital to which they were designated, and a much smaller group of 3 students from the Practical Theology III class, with a placement lasting only one term in which they spent only 2 - 3 hours per week in the hospital. Did the length of the placement affect the changes in counsellor response? The main scores for each of these groups in both October and May is set out below.

TABLE 38The Effect of the Length of the Placement

Category of response	DPS/CPS	(N= 10)	PT.III	(N = 3)
	Oct	May	Oct	May
S	8.10	8.60	8.33	3.33
FR	8.50	7.90	8.00	10.33
FE	5.70	9.80	5.67	13.00
IS	5.80	5.40	6.00	3.67
TA	3.70	1.80	4.33	5.33
OI	3.00	3.10	5.33	4.00
M	16.30	17.00	16.33	10.33
Q	12.20	15.80	11.67	16.67
IF	13.50	17.80	13.67	23.33
D	7.40	5.50	9.67	9.33
I	34.20	33.40	40.33	43.67
C+	14.20	18.60	21.75	23.67
C-	11.10	7.60	7.33	6.00

Even allowing for the very small number of students in the practical theology III class, the results are surprising. The tentative conclusion is perhaps better put negatively. There is no evidence to suggest that the longer placement results in enhanced changes in counsellor response. Indeed to take the primary category in which most change took place (FE), the two P.T. III students who worked in the general hospitals showed as big changes in this category as any of the DPS or CPS students (III/1, 5 → 12; III/3 7 → 20). Thus we can say that it is possible for some students on short placements to show as marked changes in counsellor responses as others in larger placements. What this might imply is that any changes which do take place do so fairly early in the placement and the rest of the time is used to consolidate this change.



### (3) Personality Factors

Using the Computer Programme from "Statistical Package for the Social Sciences", correlation co-efficients were calculated to examine the relationship between the personality of students and Counsellor Response. We examined first of all the correlation co-efficients involving the Test Group over the Control Group in October, i.e. before the Test Group began their training. We therefore have a sample which is comparable with Campbell's untrained subjects. These are set out in Table 39.

The most interesting feature of this Table is the number of significant correlations between certain scales of the Wilson-Patterson Attitude Inventory and some of the categories of counselling response. We note in particular the correlations involving on the one hand the principal Conservatism scale, and the two sub-scales denoted militarism-punitiveness and Religion-puritanism, and on the other hand the Counsellor Response categories Minimum Response, Interest in Feelings and 'Warmth' and 'Coldness', observing that the three above mentioned scales of the WPAI are negatively correlated at a significant level with Minimum Response, Interest in Feelings and 'Warmth' but positively correlated with 'Coldness'. The finding is that the main personality factor to be correlated with Counsellor Response is that of Conservatism. It is interesting however to examine further the dimensions of conservatism which are involved. These are:-

- (a) Conservatism. This, the principal scale of the WPAI, is in fact a general Conservative-Liberal factor but as we saw in an earlier discussion of the inventory, there is a positive correlation between this factor

TABLE 39

Correlation between Personality Scores and Counsellor  
Responses for Total Group (Test Group and Control Group)

(Associated Values of p in brackets)

	$M_1$	$Q_1$	$IF_1$	$D_1$	$I_1$	$C_1^+$	$C_1^-$
<u>WPAI</u>							
(1) Conservatism	-0.45 (0.03)	-0.03 (0.89)	-0.52 (0.01)	0.36 (0.08)	0.27 (0.21)	-0.49 (0.02)	0.56 (0.01)
(2) Realism	-0.01 (0.99)	0.05 (0.83)	0.18 (0.41)	-0.21 (0.33)	-0.14 (0.52)	-0.01 (0.95)	-0.13 (0.54)
(3) Militarism- Punitiveness	-0.34 (0.11)	-0.19 (0.39)	-0.54 (0.01)	-0.37 (0.08)	0.27 (0.21)	-0.42 (0.05)	0.55 (0.01)
(4) Anti- hedonism	-0.06 (0.78)	-0.06 (0.78)	-0.34 (0.11)	0.13 (0.55)	0.02 (0.93)	-0.26 (0.23)	0.37 (0.08)
(5) Ethnocen- terism	-0.31 (0.14)	-0.28 (0.20)	-0.23 (0.28)	0.05 (0.83)	0.08 (0.71)	-0.10 (0.64)	0.22 (0.32)
(6) Religion- puritanism	-0.12 (0.56)	-0.26 (0.23)	-0.56 (0.01)	0.29 (0.25)	-0.04 (0.86)	-0.36 (0.12)	0.42 (0.04)
<u>EPI</u>							
(a) Neuroticism	-0.31 (0.15)	-0.06 (0.78)	-0.01 (0.96)	-0.06 (0.77)	0.08 (0.71)	-0.09 (0.67)	-0.03 (0.89)
(b) Extraver- sion	0.20 (0.36)	-0.27 (0.31)	-0.24 (0.26)	0.11 (0.61)	-0.13 (0.56)	0.03 (0.90)	0.25 (0.25)
<u>OPI</u>							
(a) Complexity	0.24 (0.27)	-0.01 (0.98)	0.17 (0.44)	-0.17 (0.43)	-0.22 (0.30)	0.10 (0.65)	-0.27 (0.21)
(b) Thinking- Introver- sion	-0.03 (0.91)	0.25 (0.24)	0.17 (0.44)	-0.15 (0.49)	-0.01 (0.96)	0.22 (0.32)	-0.26 (0.24)

and a theological conservatism-liberal factor.<sup>1</sup>

We see therefore that students who score high on the conservatism scale are less likely to use Minimum Response categories in counselling, to be less interested in the feelings of those whom they are counselling, to be less 'warm' (i.e. less accepting) and more 'cold' (i.e. more rejecting) in their counselling relationships.

(b) Militarism-punitiveness. According to Wilson<sup>2</sup>, this factor can adequately be summarised by the term 'authoritarianism' and we find this factor to be negatively correlated with Interest in Feelings and 'warmth', and positively correlated with 'coldness'.

(c) Religion-puritanism has often, according to Wilson<sup>3</sup> been labelled a factor of Religious fundamentalism and we see this to be negatively correlated with Interest in Feelings but positively with 'Coldness' which is not unexpected in view of the correlation between general conservatism and theological conservatism.

If we examine the other four scales, two each for the EPI and OPI, we find no statistically significant correlations except for a negative relationship, not significant between Neuroticism and Minimum Response, i.e. the more anxious

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1 Discussed by Webster and Stewart in Wilson (1973) pp 129 - 147

2 Wilson (1973) p. 82

3 Wilson (1973) p. 83

the student the less likely he is to use a Minimum Response category.<sup>1</sup>

What emerges from this analysis of the relationship between Personality factors and the responses of the 'untrained' counsellors is that the major personality factor influencing counselling method is that of Conservatism with a suggestion that Anxiety may also have some influence.

Correlation co-efficients were also calculated on the above basis for the test group (N = 13). If the personality profiles of the Test Group and Control Group were similar we would expect the pre-test pattern of relationship between Personality scores and counselling response for the Test Group to be similar to that for the Total group (Test Group plus Control Group). In fact in the Test Group only one statistically significant correlation occurs and that is between Conservatism and Questioning (Correlation Co-efficient = 0.58;  $p = 0.04$ ) i.e. the more conservative students tended to make more use of a probing type of response. We do however find on a similar overall pattern in that the highest correlations are to be found are those which involve the scales of the WPAI.

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- 1 While there is no wish to base any conclusions upon correlations which are not statistically significant, an examination of the 'near misses' indicates that other conservative factors may have some slight influence upon counsellor response

<u>Personality Factor</u>	<u>Counsellor Response</u>	<u>C.R.</u>	<u>p</u>
Conservatism	Direct Guidance	0.36	0.08
Militarism-punitiveness	Direct Guidance	0.37	0.08
Militarism-punitiveness	Minimum Response	-0.34	0.11
Religion-punitiveness	'Warmth'	-0.36	0.12

## The Effect of Training

Correlation co-efficients were calculated for the test group to investigate the relationship between personality factors and counsellor response at the end of the training experience. Table 40 shows the correlations which were significant (underlined).

While few of the correlation co-efficients reached statistical significance an examination of Table 40 reveals the trend among the trained subjects.

TABLE 40

Correlations between personality factors and counsellor responses after training

	M <sub>2</sub>	Q <sub>2</sub>	D <sub>2</sub>	C+ <sub>2</sub>	C- <sub>2</sub>
<u>WPAI</u>					
1. Conservatism	-0.50 (0.08)		0.66 ( <u>0.01</u> )		0.57 ( <u>0.04</u> )
3. Militarism- punitiveness			0.60 ( <u>0.03</u> )		0.47 (0.10)
5. Ethnocentrism	-0.41 (0.16)				
6. Religion- puritanism			0.47 (0.10)		
<u>EPI</u>					
(a) Neuroticism		0.49 (0.09)			
(b) Extraversion	0.38 (0.18)				
<u>OPI</u>					
(a) Complexity	0.43 (0.14)		-0.58 ( <u>0.04</u> )		-0.39 (0.19)
(b) Thinking- Introversion				0.44 (0.13)	



- (1) Conservatism again seems to be the personality characteristic which has most effect upon counselling response, the main Conservatism scale being positively correlated with Direct Guidance and with 'coldness'.
- (2) The category of response most susceptible to influence by Personality factors is that of Direct Guidance being positively correlated with two of the scales of the WPAI and negatively with Complexity.
- (3) Complexity emerges as an important personality factor influencing the responses of the trained subjects being negatively correlated with Direct Guidance and with a definite but not significant influence upon Minimum Response and 'coldness'.

Correlation co-efficients were also calculated to determine the relationship between Personality factors and change in counsellor response. The significant and nearly significant correlations are set out in Table 41.

TABLE 41

Personality factors and change in counsellor response

	DIF	DQ	DD	DI	DC
Conservatism			0.54 (0.06)		
Realism	-0.51 (0.07)		0.42 (0.15)		0.59 (0.03)
Neuroticism		0.46 (0.11)			
Complexity			-0.47 (0.10)	0.46 (0.11)	

We note once again that the personality factors affecting change in counsellor response are those of conservatism and complexity, and that the type of counsellor response most likely to be affected by personality factors is Direct Guidance. However only one correlation co-efficient reached statistical significance - a change (which was a decrease) in 'coldness' was positively correlated with Realism.

The analysis of the relationship between Personality Factors and Counsellor Response yielded further information which though not statistically significant is certainly not without interest. This is discussed in Appendix XI (b).

### Summary of Results

Before we conclude this chapter, we will wish to compare our findings with those obtained by Campbell. Firstly, however, we will summarise the findings of the research described in this and the previous chapter, both because of their inherent significance and because it is in these two chapters that Campbell's work is taken a stage further. The main results detailed in this chapter may be summarised thus:-

#### 1. Attitudes

The analysis of the Attitude Inventory demonstrated:-

- (a) The more advanced students which constituted our test group began the academic year with more clearly defined attitudes regarding hospitals and ministry than the students in the Practical Theology I class.
- (b) Little change of attitude of statistical significance took place as a result of the year's course.

- (c) On certain issues, the students on general hospital placements showed tendencies to move while students in psychiatric hospital did not. These issues related to the role of the minister and certain aspects of hospital life. On other issues, it was the students in the psychiatric hospital who moved while those in the general hospitals did not. These changes were related to certain issues likely to have been met in the psychiatric hospital and to two issues in medical ethics which they were unlikely to have encountered in their placements. Since none of these changes are empirically verifiable, we note them but do not place much reliance upon them.
- (d) What movement did take place in the whole group appeared to be more akin to that displayed by the liberal students in the Practical Theology I class than to that displayed by the conservative students, but again this tendency was not empirically verifiable.

2. Uniqueness of Clergyman's Counselling Role

The students saw the theological or spiritual dimension as an important component of the minister's counselling role. As we saw, however, this feature was not demonstrated by the research techniques used. Thus, there appears to be a lack of congruence between what the students believe in theory and how they work out this belief in counselling situations, as demonstrated by the simulated counselling response exercise. Or, it may be that the fault lies in the research technique itself - as we saw the introduction of a "Value Exploration" category was not a success.

### 3. Hypothetical Counselling Roles

The set of counselling descriptions designed to assess the subjects views of their roles in a variety of counselling situations revealed the most popular theoretical choice in October to be Minimum Response, with Direct Guidance following close behind and Questioning a poor third. At the end of the academic year, there were only slight changes in the relative emphasis given to these. The response of the Control Group in both October and May were very similar to those of the experimental group.

### 4. Expectations and Felt realisations of the Course

- (a) The most important expectation of the students involved in the field work placements described was that they would come to have a better understanding of people, followed by a significant encounter with human suffering, greater self-understanding and an increased ability to handle the threatening and emotional situations which may be experienced in pastoral work.
- (b) As a result of participation in the course, there were two significant place changes in the ranking of goals, goal VI (as significant encounter with human suffering), moving from second to fourth place (equal) and goal VIII (increased ability to handle threatening or emotional situations likely to be encountered in pastoral work) moving from fourth to third place.
- (c) There were significant differences between the students placed in general hospitals and those in the psychiatric hospital. In the case of the general hospital placements goal VII moved from seventh to first place (equal), while in the case of the psychiatric hospital placements, goal V moved from

third place to first place (equal). Thus, while the main gain as perceived by the students working in the general hospitals was a significant encounter with human suffering and a greater empathy for such suffering, the students working in the psychiatric hospital saw their principal gain as being in the realm of greater self-understanding.

#### 5. Response to Taped Interviews

- (a) In October, the test group differed significantly from the ~~central~~ group in three categories, showing lower scores for Direct Guidance, Interventions and Other responses (including Interpretations).
- (b) In May, at the end of the course, there were several further significant changes in addition to the three listed above, the test group now being significantly lower on Theological Guidance, and 'Coldness' but significantly higher on Minimum Response, Interest in Feelings and 'Warmth'.
- (c) The most important change which took place in the test group between October and May was a significant increase in the Feeling Exploration category, an increase which was reflected in equally significant increases in the Questioning and Interest in Feelings categories.
- (d) The increase in the Feeling Exploration category resulted mainly from increases in this category among the students involved in general hospital placements.
- (e) Theological Guidance was not prominent among students in either the Test group or the Central group, and, in fact, was lower at a significant level in the test group.



- (f) Comparison of the actual counselling responses with the hypothetical counselling rates for the categories M, D and Q, reveals that, while in both theory and practice, the Minimum Response category is the most popular, in theory Direct Guidance is almost as important with Questioning well behind. In practice, however, Questioning was more important than Direct Guidance.
- (g) The students involved in the year-long placements did not show significantly different changes from those who were involved in much shorter placements.

#### 6. Personality factors

- (a) The major personality factor affecting counsellor response among untrained students was that of Conservatism, the more conservative students making less use of minimal type responses, showing less interest in the feelings of counsellors and a less accepting attitude to them with a greater tendency to offer guidance to clients (Table 39).
- (b) After training, Conservatism was still an important influence with Direct Guidance still the category most likely to be influenced by personality factors. There was also some indication, the correlation co-efficients approaching but not reaching statistical evidence, that the Minimum Response and Therapeutic Climate scales were susceptible to influence by personality factors.

After training, we see the emergence of Complexity, the ability to tolerate ambiguity as having an important influence upon certain categories of counsellor response, the more complex students making more use of minimal type responses, less use of Direct Guidance and being significantly less rejecting than the low Complexity students. (Table 40).

- (c) These same two factors, Conservatism and Complexity also had a significant effect upon change in counsellor response. After participation in the course of pastoral care and counselling the more conservative students tended to make more use of Direct Guidance and the less conservative students less use of that category. The complexity factor operated in a way directly opposed to the Conservatism factor, i.e. the more complex students tended to use less Direct Guidance after the course and vice-versa. (Table 41).

#### Comparison with Campbell's results

In the last chapter of this thesis investigating the influence of counselling variables upon methods of pastoral counselling, Campbell<sup>1</sup> listed six "negative conclusions" before indicating three major influences on the counsellor responses of the subjects in his study. The negative conclusions which are of particular relevance for this study are as follows:

1. "The most important negative conclusion for the research is that the training courses or lecture courses which the subjects received have not had any demonstrable effect on their counselling. This means that we are dealing with what might be called an "uncontaminated" sample of pastoral counselling. Their counselling responses did not result from deliberately taught patterns of counselling".
2. The subjects own descriptions of the way they would handle counselling situations did not bear any relation to their actual performance in the counselling test.

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1 Campbell p. 191

3. Apart from the Complexity score of the OPI, there was no correlation found between the personality scales and the counselling responses.

He also found it impossible to relate religious values with counselling responses with much of the information gained from the General Information Questionnaire, although it also provided some interesting difference between his various groups of students and clergy.

His positive conclusions were that the three major influences on counsellor response found in his study were Denominational affiliation, Complexity and Age/Experience. Since our sample consists mainly of Church of Scotland students in their twenties, we shall ignore the discussions of denomination and age/experience and deal with the Complexity factor under 3 below.

How then do the results of this project compare with Campbell's?

#### 1. The Effect of Training

Whereas Campbell concluded that any training received by his subjects had not had any influence upon their counselling methods, our finding is in marked contrast and is that the training experienced by our subjects has had certain definite influences upon their counselling styles, notably, in regard to increased sensitivity to feelings, greater warmth and a lessened tendency to give theological advice. How can this difference be explained? The answer would appear to lie in the difference between the training which Campbell's subjects had received and that experienced by the present group of students. Campbell's first method of discriminating between trained and untrained subjects was simply to separate those who had no training at all in counselling (28 subjects) from those with some training, however, slight (26 subjects). Statistical analysis of

these two groups on the Interest in Feelings and Intervention categories did not distinguish between them. Campbell then noted that eight of his fifty-four subjects reported that they had attended several lecture courses and in addition some clinical demonstrations or clinical training of another kind. However, even this stricter definition in terms of training did not show up any significant connections with the counselling scores.

It is now argued that the changes which took place in the counselling responses of the subjects in the present study, occurred because of the greater intensity of the training experience afforded. We do not know the nature of "the clinical demonstrations or clinical training of another kind" in which eight of Campbell's subjects had participated, but we do know that there was very little training of an intense nature available in the United Kingdom before the mid-nineteen sixties. We do know, however, the nature of the training experience of our own subjects. This, it will be recalled, had three components:-

- (a) an academic module meeting weekly throughout the academic year with theoretical input and guided reading in the areas of pastoral care and counselling.
- (b) a work experience in which the students spent time each week engaged in pastoral conversation with patients in hospital, and
- (c) an experience of being supervised either individually or in a group, on which the students reported back on their pastoral encounters receiving constructive criticisms of their method of pastoral functioning.

It is argued that this experience, involving both the cognitive and effective dimensions of learning is probably more intense than anything experienced by Campbell's subjects and accounts for the fact that the students on this study showed significant changes in counselling methods as a result of training while Campbell's did not.

2. The Relationship of Hypothetical and Actual Counselling Responses

Campbell<sup>1</sup> found that the subjects own descriptions of their counselling roles did not bear any relation to their actual performance in the counselling test. He provides data, not only for the counselling responses of students and clergy to the filmed psychiatric interview and the tape recorded interviews but also for the two groups separately to each part of the test. In order to provide a better comparison with our own results, we shall consider only the data which he obtained for his students in relation to the tape recorded interviews only. The following table compares the counselling role descriptions with the actual counselling responses for the categories M, D and Q for both Campbell's students and those involved in the test group for this project in both October and May.

TABLE 42

Hypothetical and Simulated Counsellor Responses compared with previous research

Hypothetical counselling scores

	<u>Campbell</u>	<u>Lyall (Oct)</u>	<u>Lyall (May)</u>
M	1.8	8.8	8.7
Q	7.7	2.4	1.8
D	10.5	8.5	8.1

Response to taped interviews

M	5.6	16.0	16.9
Q	8.3	12.2	16.0
D	8.2	7.4	5.9

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1 Campbell p. 107



We note:-

1. A comparison of the hypothetical counselling role scores shows that, whereas Campbell's students placed the Minimum Response category at the bottom of their list, Direct Guidance being their favourite theoretical choice, the students in this study saw Minimum Response as their primary response category closely followed by Direct Guidance and Questioning, third.
2. A comparison of Campbell's actual counselling responses with the pre-test scores of the present group shows that, while for Campbell's students, Direct Guidance was virtually their first equal choice (along with Questioning), and Minimum Response their least popular choice, with the present group of students, these categories are reversed.
3. A comparison of the hypothetical and actual counselling responses reveals a degree of congruence between these two sets of figures which was lacking in Campbell's students. Thus, as well as believing Minimum Response to be the main type of response which they would wish to use, this was the main type of response used in practice.

These results would seem to indicate that the counselling styles of present day students are very different from those of the students in Campbell's sample. Why should this difference exist? It should be noted that, even at the beginning of the courses described in this chapter, the students involved as fairly well advanced in their course of theological education, most of them already having undertaken Practical Theology I. Now our module of Practical Theology I, which is not surveyed in this research, is devoted to Pastoral Care and Counselling. This lasts about five weeks and is taught in the classroom through lectures, guided reading and role-playing using video-recording

techniques. It is tempting to argue therefore that even a brief introduction to Pastoral Counselling has already had some effect upon the counselling styles of the students. Obviously one hopes that this is the case. It would be rash however to assume that this was the only factor at work. It is possible that the changes recorded may also be due to cultural factors which were not detected in this research. It could be argued that attitudes towards counselling are generally more sophisticated than they were ten years ago, e.g. television programmes such as 'The Befrienders' (portraying work of the Samaritans) have emphasised the importance of listening in helping relationships. A further control group consisting entirely of students who had not yet undertaken Practical Theology I would have helped us to discover to what extent the base-line attitudes and skills of our students were due to previous training and to what extent they were due to cultural factors.

### 3. Personality Factors

We have found that the two major factors affecting counsellor response are Conservatism and Complexity. Campbell did not use any direct test of Conservatism. He did however find that Age was negatively correlated with Interest in Feelings and positively with both Direct Guidance and Theological Guidance.<sup>1</sup> If we lay along side this Wilson's finding<sup>2</sup> that Age is positively correlated with Conservatism, then the results of this research would seem to be in line with

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1 Campbell p. 186

2 Wilson (1973) p. 120

Campbell's on this particular issue.<sup>1</sup>

Campbell however did discover direct correlations between Complexity and certain categories of Counsellor Response. A comparison of these correlations discovered in the two research projects relating to the untrained subjects' responses to the tapes is instructive.

TABLE 43

Correlation of Counsellor Response and Complexity  
(Comparison with previous research)

	<u>Campbell</u> <sup>2</sup> (N=54)	<u>Lya11</u> (N=23)
M	0.15	0.24
D	-0.18 ( 0.05)	-0.17
IF	0.22	0.17
I	-0.28 ( 0.05)	-0.22

- 
- 1 In fact there seems to be an internal contradiction in Wilson's (1973) book. Thus: (a) "Age, female sex, etc... were the other main predictors of Conservatism" (p. 122 from Research by Bagley and Boshier on 279 Dutch subjects).

(b) Webster and Stewart found that Dogmatism, General Conservatism and Ethnocentrism were not functions of age (p. 141 from Research on 179 New Zealand ministers).

This conclusion should therefore be treated with some caution.

- 2 Campbell p. 185

With the small samples used in the present research, none of the correlation co-efficients reached statistical significance. A comparison of the correlation co-efficients obtained in the two projects does however indicate that, at the very least, the results of the present research do not contradict those obtained by Campbell.

This completes our analysis of the results obtained in the various phases of the empirical research. We now proceed to the final section of the thesis where an attempt will be made to assess the contribution of these hospital-based courses to theological education.

# APPENDIX

## THE APPENDIX

### APPENDIX A

Part of the thesis given a brief  
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### PART THREE

### CONCLUSIONS



## CHAPTER VII

### IMPLICATION OF THE INVESTIGATION

#### FOR THEOLOGICAL EDUCATION

Having in the first part of this thesis given a brief historical introduction to the teaching of practical theology in Edinburgh prior to 1970, and in the second part described the empirical data obtained concerning hospital-based courses presently taught in New College, we now turn to an assessment of the contribution of this kind of training to theological education. The direction of this final section of the thesis is therefore a different one from that previously taken. While no conscious attempt was made to introduce value judgements either into the historical survey of Part I, or into the description of the empirical data of Part II, this third and final section must inevitably involve judgements of one kind or another, for now we must try to assess how far the courses which have been surveyed help to prepare men and women for the Christian ministry.

We have described two courses in practical theology which involved students at different levels of participation in the hospital setting:

- (1) The week-long Easter Vacation conference, which is a component of Practical Theology I, a course which is obligatory for all Church of Scotland students

- (2) The more advanced elective courses in pastoral care and counselling.

In these latter courses students functioned as members of chaplaincy teams, reported back concerning their pastoral interviews and received supervision in both one-to-one and group settings.

A great deal of information has been obtained about the students who took part in these hospital-based courses and this information has been summarised for each level of involvement in the life of the hospital, in the concluding paragraphs of Chapters 4<sup>1</sup> and 6<sup>2</sup> respectively. We now turn to a consideration of the implications for theological education of the data obtained by the research project. We shall examine in turn the two different kinds of courses surveyed, concluding the chapter with some suggestions for further research. This done, however, there remain one or two more general issues of theoretical and theological significance, and these will be discussed in a Postscript to the thesis.

#### I. IMPLICATIONS FOR THEOLOGICAL EDUCATION OF THE PRACTICAL THEOLOGY I CONFERENCE

Since the parochial ministry is the normative ministry of the church, and since it was the expectation of the great majority of students participating in this phase of the project that this would be their sphere of ministry (21 out of 28 in 1975/76 and 17 out of 19 in 1977/78), it seems relevant to ask how far this course helps to prepare men and women for this ministry.

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1 See pages 138 - 147

2 See pages 233 - 238

## 1. Knowledge acquired

While hospital visiting is not the whole of the pastoral task of a minister it is certainly an important part of it, and few weeks will pass without a minister calling on some of his parishioners who happen to be ill in hospital. The Easter vacation conference aims to help students become more familiar with the hospital setting and more understanding of the work of hospital staff. The data obtained shows that the conference achieved this goal, the content analysis of the essays revealing that the students gained information about hospitals. The students also valued the knowledge acquired of the nature of mental illness. The first and third of the stated objectives of the conference<sup>1</sup> were respectively to impart "a basic understanding of how general and psychiatric hospitals function" and "some understanding of both the human and technical resources available for health care in the National Health Service". Both of these objectives were partially fulfilled.

## 2. Awareness of feelings

The second stated objective of the conference was that the students should gain "some insight into the feelings of patients in hospital". How far was this aim achieved? Since the conference provided little or no direct contact with patients this was perhaps an unrealistic objective. Insight into the feelings of patients could only come through those sessions in which patients were interviewed by doctors.

The content analysis of the essays produced ambiguous evidence regarding the fulfilment of this objective, 64% of the essays in 1976, and 35% in 1978 demonstrating some

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1 See page 73

insight into the feelings of patients. The "awareness of anxiety" statements derived from the same analysis reveal however, that many of the students reacted to the conference experience with strong feelings of anxiety. This confirms evidence from previous years (noted on page 59) that for several students the conference was a profound emotional experience. This finding shows up an important weakness in the conference planning. The benefits resulting from participation in this conference will be enhanced by attention to this adverse effect, perhaps by means of a subsequent, individual supervisory interview during which the student's essay may be used as a basis for discussion.

### 3. Attitude Change

Definite attitude changes on a variety of issues resulted from participation in the conference. These changes were evident from the responses of the students to the Attitude Inventory. The pattern of attitude change is however more complicated than that revealed by a comparison of the pre- and post-conference responses of the whole class. The Theological School Inventory permitted us to identify within each Practical Theology I class the presence of theologically liberal and conservative sub-groups. On occasion these sub-groups demonstrated different, indeed opposing, reactions to the conference. This in 1976, the class as a whole demonstrated significant change in its attitude to psychiatry on only one item. Analysis of the change in attitude to psychiatry of the liberal and conservative sub-groups however revealed that these sub-groups reacted in very different ways on a number of issues and that the apparent paucity of change of attitude in the total group concealed a developing polarisation between the theologically different sub-groups. This polarisation did

not result from the corresponding teaching given two years later, and the reasons for this difference between the two classes are probably two-fold. In the first place, a comparison of the biographical profiles of the two classes shows that the class of 1977-78 was an older, less theologically polarised group with a greater degree of prior hospital contact. Further the method of presentation of the psychiatric material took a very different form in the later class. While in 1976 the bulk of the teaching was given by chaplaincy and psychiatric staff separately, in 1978 a whole morning was devoted to a constructive dialogue between three parish ministers and a consultant psychiatrist where the focus was upon the positive contribution to community mental health of the parish minister working in collaboration with the hospital staff rather than upon separate tasks of psychiatrist and hospital chaplain.

This indication that attitude change is a function of the method and content of presentation is confirmed by the reaction of the 1977/78 class to the abortion issue. In 1976 the liberal and conservative students differed at a statistically significant level in their pre-conference responses to item 34 of the Attitude Inventory. (If it is known that a woman will probably give birth to a deformed child, she should be encouraged to have an abortion), the liberal students agreeing, the conservative students disagreeing with the proposition. Participation in the conference did little to change these attitudes. The "Patients and Pregnancy" session of the 1978 conference however, contained a case presentation in which a doctor interviewed a woman who herself was physically handicapped, but who had refused a termination of pregnancy and decided to keep her baby. The content analysis of the essays revealed that this session made a profound impression upon



the students. When we examine the responses of the liberal and conservative sub-groups in the 1977/78 class to item 34 of the Attitude Inventory we find that while before the conference, these sub-groups adopted positions not dissimilar to their counterparts in 1975/76 after the conference both groups of students had moved to the more "conservative" end of the spectrum, and the liberal students to a position more conservative than that of their conservative class-mates. Thus while the issue raised by the case presentation is not exactly that tested by Attitude Inventory, the former seems to have produced a general anti-abortion tendency in the class which is reflected in the response to this item in the Inventory.

#### 4. The hospital chaplain as a model for ministry

The 1975/76 class was polarised in its view concerning the role of the hospital chaplain. The content analysis of the essays revealed a number of statements critical of the role and approach of the chaplains, some students perceiving their role as differing little from that of social workers, and their approach to patients as lacking in evangelical emphasis. In contrast, some students expressed a new appreciation of the diversity and importance of the tasks of the hospital chaplains. Analysis of the Attitude Inventory revealed that changes in the subjects' conceptions of ministry referred to the role of the hospital chaplain (Items 7, 11, 12 and 37). Further examination of the responses to the Attitude Inventory however reveals that while the role of the chaplain became an important issue for the group, there is no evidence to suggest that the chaplains came to be perceived as supplanting the parish minister in the pastoral care of the hospital patient. The two items relating to the role of the parish minister (Item 32 and 33) were those on which there was very strong

agreement both before and after the conference. Further there was no significant move towards seeing hospital chaplaincy as an alternative career possibility. Thus the students came to the conference strongly convinced of the importance of the parish minister in the care of hospital patients and this conviction was not shaken by participation in the conference.

There is a more fundamental issue and that concerns the use of the hospital as a setting for theological education; fuller discussion of this issue will be provided in

Postscript A.

#### 5. Theological reflection

The last of the stated objectives of the conference is now discussed, i.e. how far students acquired new insights in respect of their own theological reflection. Were the students able to integrate the experiences of the conference into their theological thinking? The content analysis of their essays showed that in the first group about half, and in the second group less than a third of the students displayed evidence that the conference raised issues of theological importance for them. While the conference provoked theological reflection in some students, they were in a minority. The most frequently mentioned issue was the extent to which a Christian approach to pastoral care demanded some explicit statement of a religious nature in the interview with the patient. A bias for theologising was not the prerogative of either conservative or liberal students. When we examine the theological content of the essays, what we frequently find is not the acquisition of new insights but a restatement of previously held positions. This may be illustrated by the following extracts from the essays. First extracts from two students classified as 'liberal' by T.S.I.

"It became apparent that in most cases the pastor is dealing with human rather than spiritual problems and therefore it is not necessary or even advisable to use 'God-talk'. While no one will deny that prayer and telling people about the Gospel are important in all branches of the Christian ministry, overt evangelism is by no means a priority in pastoral ministry. In the pastoral ministry priority must be given to forming human relationships. In this case, communication of the Gospel is done non-verbally through 'action', through being beside someone when he needs help, through listening to someone's problems and in this way giving him personal support" (B22)

"Without the name of Jesus ever passing his lips, he (the chaplain) can surely speak of the love of Jesus in his caring actions - and this, I would say categorically, he has in common with all the members of the caring team (CF Matthew 25: 31-46). In short my feeling is that wherever the work of making people whole is being undertaken, in whatever measure, Christ is being uttered to the world, consciously or unconsciously, and the work of healing is an entirely Christian enterprise. The main aim of any caring person is often simply to be there, "a person about the place", to be used to the full in some aspect of the healing ministry" (A27)

Contrast these statements with the following two made by students classified as "conservative". The first was a response to a remark made by one of the chaplains that his task was not to provide ready-made answers, but to help individual patients find their own solutions and way of coping.

"There is an influence here, it seems, of a non-directive counselling method advocated by Rogers and Clinebell, and makes good sense in dealing with ethical problems especially those of stress and anxiety. There is need however for the counsellor to be clear and unconfused in his own approach to gain little comfort for any care that pastor can give. It is a case of the trumpet sounding an uncertain note when guidance becomes little more than passive receptivity ... it does not appear feasible that one must jettison one's own theology when approaching someone in need ... I do not advocate a stranglehold theology of

legal doctrine by which men may come to God but a definite spiritual core linked directly with the physical and mental care which a patient received" (B34)

"If a man is lying in bed after having taken an overdose and has just murdered his wife and his life cannot be saved, then it is the duty of the pastor to tell him that his sin can be forgiven and that he can meet his Maker with a clear conscience, it is the very least he can do. And it is what God demands of a bearer of the Gospel" (A31)

Theological reflection did not however always follow along predictable conservative and liberal lines. Thus a student categorised as conservative writes

"In hospitals, the church must not under-value the therapeutic value of prayer, the sacraments and hospital services in the chapel and ward for those who wish. The hospital is not however an opportunity for preaching to a reluctant captive audience. This should be a pastoral ministry, helping the individual to value himself, face the situation and find his own solution" (A31)

On the other hand a student categorised as liberal wrote thus:

"I feel I must criticise this approach (that of the chaplains) ... I feel that a hospital chaplain as a Christian and as a representative of the church has something above a caring concern to offer - he has a word from the Lord to speak" (A11)

We see therefore that the conference provoked theological reflection in less than half of the students, that generally but not always this follows previously held liberal and conservative positions. It would appear then that it was not a frequent effect of the conference to bring about change in previously held theological viewpoints. This is confirmed by the response of the students to item 27 of the Attitude Inventory. Before the conference, there was in both years a significant difference between the liberal and conservative students in their response to this item. As a



result of participation in the conference the conservative students in both years became more convinced that in counselling a dying patient the main role of the pastor was to offer forgiveness of sins in Jesus Christ, while the liberal students changed hardly at all in their views (1976) or came to disagree with the statement to an even greater degree than before the conference (1978).

The implications of the Easter Vacation conference for theological education have been set out in terms of six of the seven stated objectives of the conference. The research instruments did not lend themselves to measuring the fourth objective, viz. that at the end of the course the students should have a "preliminary awareness of the interaction between patient, hospital and community". While it is possible that this objective was at least partially realised as a result of the conference, no firm evidence emerged.

### Conclusions

1. As a result of participation in the conference students do gain a basic understanding of how hospitals function and of the resources of the National Health Service.
2. Many students become more aware of their own feelings regarding hospitals and illness. The evidence relating to insight gained into the feelings of patients is ambiguous. These are issues which will require further exploration.
3. Important attitude changes take place as a result of participation in the conference, the pattern of attitude change being a function of both the method of teaching and the theological position of the students.
4. Some students gain knowledge about the nature of Christian ministry in hospital and their understanding of the importance of the parish minister in the pastoral care of the sick is reinforced.



5. Some students at least displayed an ability to relate the hospital experience to their developing theological awareness.

## II IMPLICATIONS OF THEOLOGICAL EDUCATION OF EXTENDED FIELDWORK PLACEMENTS

Third year and post-graduate students were specifically studied to measure the effect of training upon the counselling methods of those participating in the project. The technique used enabled the responses of the students to record simulated counselling sessions to be categorised. As a result of participation in the course, the students increased in their ability to explore the feelings of counsellees, other changes not reaching statistical significance except in the post-conference differences between the test group and the control group, viz. that those students who had taken part in the course increased in their ability to reflect feelings, became less likely to offer guidance, theological or otherwise, and demonstrated greater warmth in their general counselling approach.

### (1) Sensitivity to the feelings of counsellees

Over the past twenty five years, the theory and practice of counselling has been heavily influenced by the client-centred approach of the American Carl Rogers<sup>1</sup>, who has identified three characteristics in a counsellor which are necessary to promote growth on the part of the counsellee; these are empathy, congruence and unconditional positive

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1 C. Rogers, On Becoming a Person  
(Boston Houghton Mifflin Company 1961)  
pp 61-62

regard. These findings have been cross-validated by Truax<sup>1</sup> et. al. who found that patient improvement was related to therapist empathy, genuineness, and warmth. The subjects studied moved towards the fulfilment of these conditions. Interest in feelings was significantly increased. Since this category of counselling response was formed by combining the categories measuring the ability both to reflect and explore the feelings of counselees, this finding is taken as an indication of increased empathic understanding consequent upon the training experience. Further, the increased "warmth" and decreased "coldness" on the therapeutic climate scales indicates a move towards the fulfilment of Truax's third requirement of a good counselling relationship. However, while there is some indication of congruence between the theoretical and actual counselling methods of the students in this survey, the research did not assess the congruence between feelings and counselling methods, the ability of the student-counsellor to be "what he is, when the relationship with his client is genuine without 'front' or facade, openly being the feelings which at that moment are flowing in him".<sup>2</sup>

The positive evidence therefore is that as a result of training, the students became more able to sustain warm, accepting relationships, and more able to focus upon the feelings of those with whom they were engaged in a helping relationship.

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1 C.B. Truax et. al. Therapist empathy, genuineness and warmth and patient therapeutic outcome. Journal of Consulting Psychology 1966 30 (5) pp 395-401

2 Rogers p. 61

(2) Ability of the students to handle the theological issues raised in pastoral counselling

No significant change in the use of the 'Theological guidance' category of response resulted from participation in the conference. There is no evidence therefore that the course altered the students' ability to handle the explicitly theological issues which might be raised in a counselling situation. There may have been a variety of reasons for this. In the first place, the theological dimension of counselling may not have been an important issue in supervision. Again, the material used in the research project may not have been suitable for the students to display their awareness of the importance of this issue. Finally, the research techniques may not have been adequate to measure this factor. As we saw, there was great difficulty in achieving a degree of inter-rater consistency in the 'Value exploration' category of response.

How far is this a contribution to theological education? It could be argued that the first objective in training any group of counsellors, pastoral or otherwise, is to help them become more sensitive to the feelings of those whom they seek to help, especially if we accept Rogers' account of the characteristics of a helping relationship, and that this must form a major part of any introductory counselling course. Further, the Diploma in Pastoral Studies is no more than an introduction to pastoral counselling, and it may be that there was insufficient time to allow the students to grow into their full pastoral identity. If so, this would be in accordance with Wanberg's finding<sup>1</sup> that even after 12 weeks

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1 Wanberg p. 52

of intensive C.P.E., while his students showed a significant increase in the "understanding" type of response becoming more able to become aware of how the patient felt about himself and his problems, and in their case beginning to assume a ministerial role, nevertheless room for improvement was noted particularly in the development of pastoral skills. The above findings raise a more fundamental issue. While this evidence indicates that the course succeeded in improving the general counselling skills of the students, can we say that they became better pastoral counsellors? This is an issue of some theological importance and is dealt with at greater length in Postscript B.

(3) The Differences between placements in General and Psychiatric hospitals.

This issue has already been raised when differences between the students placed in general hospitals and those placed in the psychiatric hospital were described.

We can summarise the results thus:-

(i) Counselling skills. It was the students placed in the general hospitals rather than in the psychiatric hospital who showed a significantly increased ability to explore the feelings of patients.

(ii) Expectations and realisations of course. While the students in the general hospitals felt that their main gain lay in their increased ability to deal with the threatening and emotional situations encountered in pastoral work, those in the psychiatric hospital felt their most important gain to be in the realm of better self-understanding.

There is therefore evidence to suggest that there are significant differences in the educational experiences provided in the two settings. Personal conversation with the other chaplains indicated that there were in fact

significant differences in the nature of the placements in the two types of hospital. While the students in the general hospitals functioned as chaplains with a great deal of patient contact and primary pastoral responsibility for them, the students in the psychiatric hospital had less direct patient contact, sitting in one group meetings with participant-observer status. They therefore had less opportunity to try out their counselling skills and their supervision took the form of reflection upon the kaleidoscope of different experiences. These differences in the nature of the placements could account for the different results recorded. The students in the general hospitals as a result of their direct contact with patients became much more aware of what was happening to the patients, their experience of counselling giving them greater empathy with their suffering but also making them more aware of the difficulty of speaking a specifically Christian word. The students in the psychiatric hospital however observing the doctors at work with disturbed people became more aware that mental illness is a phenomenon not totally alien to their own experience; greater understanding resulted.

### III ISSUES FOR FURTHER RESEARCH

The major defect of this research relates to the smallness of the number of subjects participating in each phase of the project. The remarkable fact is that so many results of statistical significance were obtained, particularly with regard to attitude changes with the Practical Theology I classes and the changes in counsellor response with the students involved in fieldwork placements. The fact that the Easter vacation conference results were replicable two years later, and where not replicable, explainable, leads



us to view the results obtained for this part of the research with a fair degree of confidence. There are however, one or two variables in this part of the project which require further exploration. These are variables some of statistical significance (the Conservative-Liberal dimension) and some not (the Anxiety scores derived from the I.P.A.T. Anxiety Questionnaire) which find an echo in the research with the students in the extended fieldwork placements. There were only 13 subjects in the last mentioned group; therefore some kind of replication needs to be undertaken before the results can be considered a reliable contribution to theological education. The further research needed can be classified under three headings:

- 1) Repetition with larger numbers of work described in this project.
- 2) Further exploration of an issue not resolved in this research - the theological issue.
- 3) Investigation of new issues.

1) Repetition with larger numbers

While there were statistically significant changes in the total group of students involved in fieldwork placements, a consideration of the factors influencing counsellor response revealed that when the total group was sub-divided, the results obtained were suggestive but not always of statistical significance. Thus the three factors listed require repetition with larger numbers:

(a) The setting of the placement. Further consideration needs to be given to the differences between the experiences of the students working in general and psychiatric hospitals. Two factors operated in the allocation of these placements. One was the need to achieve a fair distribution of work between the three chaplains. Another, however was the

students' own preferences. Were there any differences between the students who opted either for a general or for a psychiatric placement? How are any changes recorded related to the actual work done and the kind of supervision given?

(b) The length of the placement. Here our tentative conclusion was negative. No evidence was found that the shorter Practical Theology III placements differed from the longer D.P.S./C.P.S. placements. With only three Practical Theology III students participating in the project it is obvious that this factor requires further exploration. If proved true, one would wish to know how soon significant changes occur in the placement, and to what extent change is due to the supervised experience of the placement and to what extent it is due to the academic component of the course. One would also want to investigate what happens to the D.P.S./C.P.S. placements as the length of their placement extends beyond that of the Practical Theology III students.

(c) Personality factors. Three factors have been found to have some influence in this research, Conservatism, Anxiety and Complexity, the first two being found to have some influence at both levels of theological education under investigation. Regarding the first-named personality factor, the T.S.I. in Practical Theology I, and the W.P.A.I. in the case of the more advanced students were found to differentiate between the reactions of the students to training. How does the Conservative-Liberal factor affect the process of theological education? What are the underlying dynamics?

Anxiety or Neuroticism was also found to be a factor of possible importance, the I.P.A.T. Questionnaire in the Practical Theology I replication exercise suggesting that

the ability to express feelings is related both to the actual Anxiety scores and to the Conservative-Liberal dimension as determined by the T.S.I. In relation to the Diploma, Certificate and Practical Theology III fieldwork placements, there was some evidence (again non-verifiable being based on such small numbers) that there was an optimum range of anxiety in which changes in counselling skills could take place. All the results relating to anxiety were however based upon very small numbers ( $< 5$ ) and require exploration with much larger cohorts of students.

Finally, Complexity was found to correlate at a high but not significant level with change in certain categories of counsellor response. These results also require replication with larger numbers.

2) Further exploration of an issue not resolved in this research.

In discussing the implications for theological education of the extended field-work placements, it was noted that while the students became more sensitive to the feelings of counsellees, the research failed to detect any change in the theological awareness on the part of the students as a result of participation in the course. The theological dimension of pastoral counselling requires further investigation at both theoretical and practical levels. An exploration of some of the theological issues will be attempted in Postscript B., where it will be argued that communication of a theological nature may be expressed through the context of a pastoral relationship, as much as by its explicit content. In the light of this theoretical discussion it will then be necessary to explore how this issue may be given due emphasis in the supervisory process, and then to devise more adequate research methods for

detecting the presence or absence of communications of a theological nature in students' pastoral relationships.

3) Investigation of new issues

(a) There is a need for some kind of longitudinal study which will detect whether the changes recorded in the research have a permanent effect upon the students who participate in the courses. Are the attitudinal changes generated by the Easter Vacation conference long-lasting? Do the changes in counselling skills demonstrated by the students involved in field-work placements remain with them into their ministry? It is easier to ask these questions than to suggest realistic methods of answering them, but these fascinating questions remain.

(b) This research has referred solely to theological education in a clinical setting. It must however be noted that theological education in Edinburgh and other Scottish Universities stands on the verge of significant developments. This year will see the inauguration of a new Diploma in Ministry. A feature of this new course will be more intentional supervision in parish and other community settings. Research will require to be undertaken to assess the value of theological field education in these new settings, both for its own sake and to see how the results compare with those obtained from the present research relating to the hospital setting.

Campbell concluded the report of his research with the following quotation from Menges and Dittes which referred to the state of research in the field of pastoral counselling in 1965.

"The general level of research reflected in this volume can be described, at best, as preliminary. Scouting parties have ventured out on all fronts and have reported. But the difficulty has been the lack of any main army to report to, to consolidate the reports, to plan the strategy of major campaigns. Research has not accumulated as it ought to in science, allowing one worker to build upon another"<sup>1</sup>

He also expressed a hope that the scouting parties would soon end and energies be thrown into that major campaign. How far has that hope been realised? To the extent that this research has attempted, at least in part, to build upon his own work, and that there is now a growing army of educators in the field of pastoral counselling to which one can report, there has been a partial realisation of that hope. This research cannot however claim the status of a major campaign, or even to be part of such a campaign, for there is still no coherent body of research into this aspect of theological education. It is not claimed that this project is other than yet another scouting party. The evidence is however that there is a rich field still to be explored, and that exploration is likely to yield much information relevant to the task of education for the pastoral ministry.

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<sup>1</sup> Menges and Dittes p. 14



POSTSCRIPT

## POSTSCRIPT

In the concluding chapter of the thesis an attempt was made to state the implications for theological education of the courses surveyed in the research project. In passing however, two issues were alluded to which require closer examination than was appropriate at that point in the presentation and to this task we now turn. The two issues are:-

- A. The hospital as an arena of theological education
- B. The theological integrity of pastoral counselling

A. The hospital as an arena of theological education

In our historical introduction, we saw how in recent years the hospital has come to be of such crucial importance in the development of education for pastoral ministry. We have noted the growth over the past fifty years of the clinical pastoral education movement in the United States, and the spread of this approach to pastoral education in other countries; we have examined in great detail recent developments in education for ministry based upon close liaison between hospital chaplains and the Department of Christian Ethics and Practical Theology in Edinburgh University. Having attempted to indicate some of the direct implications for theological education of the courses surveyed in this thesis, there is a more fundamental question to be considered. Is the hospital an appropriate arena for the training of Ministers? This thesis has been largely concerned with the explicit attitudes and skills generated by the hospital experience. Nothing has been said so far about the implicit values which may be conveyed by

that same experience, and whether these values are appropriate for the training of ministers, most of whom are going to find themselves working mainly in parish rather than in hospital settings. This has certainly been a major issue in the United Kingdom in the discussions surrounding the establishment of the Association of Pastoral Care and Counselling. In the Constitutional Papers of the Association, Wilson writes:

"The overall work of the ministry has traditionally been described as pastoral care which is a general term that includes such tasks as preaching, reconciling, healing, counselling and the celebration of worship. Pastoral counselling is an important facet of pastoral care which is rooted in life's normality as a pastor shares the joys and sorrows of people in his parish and circuit"<sup>1</sup>

Wilson introduced the paper from which the above quotation was taken with a statement by another Anglican pastoral theologian.

"Pastoral care is more than therapeutic ... unlike the physician, psychiatrist and social worker who have no relationship at all except where there be some kind of distress for which their services are needed, the pastor's relationship is just as important when there are no problems crying out for immediate attention."<sup>2</sup>

Wilson's anxiety at this point is that theological education in a clinical setting may implicitly convey a wrong conception of the task of pastoral care, that ministry may

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- 1 M. Wilson, Pastoral Care, Constitutional Papers. Association for Pastoral Care and Counselling (London 1973) p. 12
  - 2 C.D. Kean, Christian Faith and Pastoral Care (London SPCK 1961) p. 42

come to be inappropriately based upon a medical model, which concentrates upon the elimination of defect in individuals forgetting that another and perhaps more important function of a minister is the promotion of the well-being of people-in-community. He suggests a possible reason why this has come about:-

"The prominence of the counselling element in pastoral care is a conspicuous product of historical and cultural factors ... The growth of medical technology has increased the social status of doctors in Britain. The influence of psychiatry upon both medical practice and concepts of health has widely influenced other professions such as social workers and clergy, bringing the element of counselling and problem solving into prominence as a style of ministry which has 'social fit'"<sup>1</sup>

The implication of Wilson's comments is that in the search to find in counselling a contemporary relevance, ministry is in danger of coming adrift from its traditional moorings and of losing its own integrity, that as well as conveying a wrong conception of the task of pastoral care, theological education in a clinical setting may also point to an inappropriate model of ministry for responding to that task. This view has been expressed most strongly by Lambourne, Wilson's late colleague in Birmingham.

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1 Wilson p. 13

"My thesis is that the pastoral counselling called for in this country during the next twenty years cannot be built around a practice and conceptual framework derived from professional problem solving and prevention of breakdown. That practice and conceptual framework is based upon the clinical, medical and psychiatric models of the U.S.A. of twenty years ago, and it has proved inadequate. To copy it even with many modifications, as a model for tomorrow would be a disaster, because not only is it not wanted but also because it will be an obstacle to what is wanted. An accredited hierarchical pastoral movement will be professional problem-solving, or problem-preventing, standardised and defined. What is required is a pastoral care which is lay, corporate, adventurous, variegated and diffuse."<sup>1</sup>

There are therefore some theological teachers who are unhappy with hospitals as a place in which to train future ministers. Their anxiety expressed most cogently by the Birmingham school, is that in a hospital placement a divinity student will acquire a false impression of the task of ministry and form an inappropriate model of ministry for responding to that task. To what extent is this criticism valid? It must be admitted that the danger to which they point is a real one. If a student were to be placed in an acute ward with little pastoral supervision, then there is a high degree of probability that he would come to see helping as problem-solving, and the medical profession as the supreme problem-solvers. Indeed this is frequently the frame of reference within which students operate at the beginning of a placement. In the early weeks of a placement it is

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1 R.A. Lambourne, "Objections to a National Pastoral Organisation". Contact No. 35 (June 1971) p. 25



not uncommon for students to return to the chaplain's office after a mornings' visiting either pleased because they have been coping with "problems" or else feeling inadequate because no "problems" have been presented to them. One of the tasks of supervision is to enable the students move from this problem-centred approach to one which is more person-centred.

The proposition, however, that theological education in a clinical setting must inevitably lead to a problem-solving approach to ministry, inappropriately modelled upon the medical profession rests upon a number of assumptions which bear closer examination. These assumptions may be stated in the following terms:

Assumption I            The dominant professional model in contemporary medicine is a problem-solving one, emphasising "cure" at the expense of "care"

Assumption II    Either (a) In a clinical placement the professional person with whom the divinity student primarily identifies is the doctor in whose ward he is working rather than the chaplain who has responsibility for supervising his work.

                         or (b) The divinity student in a hospital placement, finds his identity in a supervising chaplain who himself bases his work on a narrow medical model.

These assumptions will now be examined in turn.

Assumption I The dominant professional model in contemporary medicine is a problem-solving one emphasising "cure" rather than "care"

It must be granted that this is frequently the case, and rightly so. The primary task of the acute medical or surgical ward is to cure, and no student can be even slightly involved in such a ward without being aware of this ethos.

To say however that such is the only concern, of even acute medicine is to over-simplify the issue. Some involvement in the "social round" of even the most technologically orientated hospital ward would make the student aware that other questions besides the appropriate surgery or medication are of concern to the interdisciplinary team. Can the patient be restored to viable functioning within the community? Can the family cope both now when the patient is in hospital and later when he returns home? Further an increasing proportion of the NHS budget is finding its way into specialities where the word 'cure' has little relevance and the hospital exercises a vicarious caring role on behalf of society, e.g. Geriatrics, Mental subnormality, and care of the Chronic sick<sup>1</sup>. It is difficult to imagine a student placed in such a unit emerging with an "elimination of defect" concept of medicine upon which to model his ministry. It is suggested therefore that while a technologically based 'diagnosis-cure' syndrome is undoubtedly a potent force in creating the image of modern medicine, this is not the only model of professional functioning which will shape the ideology of a divinity student involved in a placement in a modern hospital.

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1 This trend is the clear intention of the policy document The Health Service in Scotland, The Way Ahead (Edinburgh: Scottish Home and Health Department. HMSO 1976)

Assumption II (a) In a clinical placement, the professional person with whom the student primarily identifies is the doctor in whose ward he is working rather than the chaplain who has responsibility for supervising his work

In a World Council of Churches' study on Theological Education, Mackie describes Clinical Pastoral Education as "essentially an application to the theological field of a learning method used in the training of doctors"<sup>1</sup>

The implication is that the educational model of C.P.E. is a medical one, and that as the medical student finds his professional identity in the senior doctor so also does the divinity student. (Assumption II a) or else that the divinity student find his professional identity in a supervising chaplain who bases his own work upon a narrow medical model (Assumption II b). For the time being we confine our discussion to the first possibility. The definition of supervision frequently quoted in the literature of C.P.E. (and by Mackie) is that of Klink<sup>2</sup>. This definition pinpoints the importance of the relationship between students and supervisor. However, as Mackie himself points out "It is noteworthy that this definition does not specifically refer to the clinical setting."<sup>3</sup> Thus, in theory at least, the source of the students developing professional identity should not be the operating model of the dominant profession within an institution but rather that of the chaplain who seeks to serve the institution.

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1 S. Mackie, Patterns of Ministry  
(London, Collins 1969) p. 107

2 See page 46

3 Mackie p. 108

If this is so in theory, is there any evidence that in practice the courses surveyed in this thesis lead the students to identify with a medical role rather than a ministerial one? If we consider item 28 of the Attitude Inventory ("Perhaps I could just as easily have been a psychiatrist as a minister") we find that for all three cohorts of students surveyed, neither before nor after the courses, was there any tendency to identify with the medical profession rather than the ministry. Assumption II (a) is therefore not substantiated. There remains the further possibility that the students find their professional identity in chaplains who themselves operate with a narrow medical model for their own ministry, and this possibility is now examined.

Assumption II (b) The divinity student in a hospital placement finds his professional identity in a chaplain who himself bases his work on a narrow medical model

Is the dominant operational model of hospital chaplaincy a problem-solving counselling-orientated one? To state the question in these terms is to suggest that a "counselling-orientated" ministry is, almost axiomatically, a "problem-solving" one; this is clearly implied in Lambourne's criticism of American pastoral counselling. This subsidiary assumption also requires further examination, for it is arguable that pastoral counsellors would not see themselves as problem-solvers but would perceive their role in terms of enabling their clients/parishioners to work out appropriate responses to their own difficulties. Nevertheless, to the extent that in a formal counselling relationship, the immediate issue confronting both counsellor and counsellee is the latter's presenting problem (just as in a doctor-patient relationship the initial focus is upon the patient's perception of what is wrong with him), it is perhaps not

unfair to grant Lambourne's point. One must not however press this analogy beyond a comparison of the presenting problem to an identification of the different methods used by doctors and counsellors in responding to the problem. What then can be said of pastoral counselling as a function of ministry? Pastoral counselling is inevitably a significant part of ministry for among their other duties both parish ministers and hospital chaplains are expected to provide support for people in crisis, in acute and chronic illness, in marriage and family difficulties, in bereavement and other situations of loss. This much is granted by Wilson who however sounds a cautionary note, seeing a greater need for informal rather than formal counselling.

"The greater need is for **hot** counselling, that is for off-the-cuff spontaneous help, rather than deliberate formalised sessions by appointment (Obviously these have their place)"<sup>1</sup>

If however counselling, whether formal or informal, is a significant function of ministry whatever the setting of the ministry, it does not seem unreasonable that the skills appropriate to each of these styles of counselling should be part of the preparation for ministry. The critical issue however is whether the pastoral counselling function fully constitutes the model of ministry set forth by hospital chaplaincy. An adequate answer to this question would require an analysis of what hospital chaplains actually do. It may well be that priorities will vary from one chaplain to another, and indeed from one religious tradition to another. While there might be some support for Lambourne's contention that in the U.S.A. for the past two decades there

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1 M. Wilson p. 15



has been a "too close identification of the hospital chaplain with clinical pastoral care of a counselling orientated type"<sup>1</sup>, it might also be possible to demonstrate that during the same period, hospital chaplaincy in for example the Church of England and Roman Catholic Church has been dominated by a priestly, sacramental model of ministry. Further, if we examine the situation which provides the setting for this study, we find that the supervising chaplains have a diversity of interests which they would consider to be integral to their ministry. The Chaplain to the Royal Infirmary is also Chairman of the Local Health Council<sup>2</sup>, a statutory body whose function is to represent the voice of the consumer within the National Health Service. A recent feature of chaplaincy within the Royal Edinburgh Hospital has been a concern for community mental health. In collaboration with the psychiatric staff responsible for various sectors of the city, Mental Health Forums have been established, monthly meetings involving both hospital staff and clergy from the appropriate sector of the city at which difficult cases have been discussed, as well as developing support systems for people at risk in the community.<sup>3</sup> Our contention therefore is that while pastoral counselling both formal and informal is an important facet of the task of both hospital chaplains and parish ministers, the operational model of chaplaincy which holds sway in the situation studied in this research project

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1 Lambourne p. 31

2 T.S. McGregor, "Health Councils". Dictionary of Medical Ethics (London: Darton, Longman and Todd 1977) p. 150

3 R.M. Leishman and B. Ritson, "Working Together in Mental Health" Contact No. 50 1975 : 3  
pp 18-24

is one with significant community enhancing features. It could of course be argued that the style of hospital chaplaincy which has evolved in Edinburgh is one which owes a great deal to Wilson and Lambourne, and that the developments which have taken place, have done so not in spite of, but because of, their influence.

If finally we consider recent developments in Clinical Pastoral Education in the United States, the target of both Wilson's and Lambourne's most severe criticisms we find that "classical" CPE has shown a remarkable ability to diversify, the lessons learned in one arena (the hospital) being transferred to a variety of new settings. Powell ends his brief history of American CPE thus:-

"During the past ten years the model of pastor-to-person relationship has been tested and harshly questioned by something called ministry to structures, and "action-reflection" within the context of a more socially involved ministry, has been pressing to replace the analysis of the verbatim report. Furthermore, the chaplains and CPE supervisors have been called to change their mode of ministry and make it more community-orientated. Thus have some segments of CPE become more involved in community and parish settings in recent years, although the potential for such development has yet to be fully realised."<sup>1</sup>

In summary, our discussion in this section has related to models of ministry implicitly conveyed by theological education in a clinical setting. Three assumptions have been examined and found "not proven". It has not been

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1 R.C. Powell, CPE - Fifty Years of Learning Through Supervised Encounter with Living Human Documents (New York, Association for Clinical Pastoral Education 1975) p. 23

found that the dominant professional model in contemporary medicine is inevitably a problem-solving one; it has not been found that divinity students placed in hospital settings must inevitably model themselves upon the doctors rather than the chaplains working in these institutions; and it has not been found that hospital chaplains always operate with a problem-solving, counselling-orientated model of ministry. We therefore conclude that theological education in a clinical setting can enable students to develop a style of ministry which is transferable to areas other than the hospital and to develop an approach to ministry which is "person-centred" rather than "problem-centred".

#### B. The Theological Integrity of Pastoral Counselling

In discussing the implications of the present investigation for theological education one other issue was referred to which requires further examination. Analysis of the simulated counselling response exercise revealed that while, after training, the students became more interested in the feelings of their counselees, and more warm and accepting in their approach, they also demonstrated a tendency, not statistically significant, to make less use of theological guidance. Evidence was brought forward to support the view that the courses surveyed improved the general counselling skills of the students. The question was raised however as to whether the training which the students had undergone had made them better pastoral counsellors. This question is a manifestation of a debate which has never been far from the centre of discussion concerning the nature of pastoral counselling. This debate has been essentially theological, and in its early development, the issues were presented in their purest form by two schools of thought which were as far apart in a metaphorical and theological sense as they were in an actual geographical one.

The 'Theological Note' contained in Chapter I referred to the work of the Swiss pastor Eduard Thurneysen whose thesis was that:

"Like the proclamation generally, pastoral conversation has as its only content the forgiveness of sins in Jesus Christ"<sup>1</sup>

According to Burck who has recently carried out an analysis of the German literature of pastoral care:

"In 1928, Eduard Thurneysen defined pastoral care in a way that eliminated every alternative and dominated German pastoral care for the next four decades"<sup>2</sup>

Burck defines Thurneysen's model of pastoral care as a 'proclamatory' one and if we were to adopt this model as normative, then it would have to be granted that the courses surveyed in this research project do not produce competent pastoral counsellors for the data reveals that the students are, if anything, less likely to use any form of guidance, theological or otherwise, as a result of the training experience.

The early American approach to pastoral counselling was based upon an entirely different set of presuppositions. Quotations from two Americans who have had a formative influence upon pastoral counselling in their own country illustrate a model which certainly cannot be labelled as 'proclamatory'. Thus Hiltner, while granting that the basic aim of pastoral counselling is the same as that of the church itself - to bring people to Christ and the Christian fellowship - has a broader conception of the nature of the enterprise:

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1 Thurneysen p. 214

2 R. Burck, The New Pastoral Care in Germany  
Pastoral Psychology Vol. 26 (4) 1978 p. 219

"Broadly speaking the special aim of pastoral counseling may be stated as the attempt by a pastor to help people help themselves through the process of gaining understanding of their inner conflicts"<sup>1</sup>

For Wise, the goal of counselling is insight:

"The capacity of the human mind to see into and understand itself and its motives, once it is placed in a secure and understanding relationship with another, is one of the gifts of the grace of God to mankind"<sup>2</sup>

It is only towards the end of their respective books that both Hiltner and Wise attempt to relate counselling practice to the Christian faith, the former listing the 'religious resources' which may be drawn upon to facilitate the process of personal growth, the latter seeing these resources as being communicated through the person rather than the words of the pastor. Thus if the early German approach was 'Bible-centred', the corresponding American model was 'person-centred', emphasising the client's need to gain self understanding and insight. Pastoral counselling was simply counselling carried out by a pastor. By the standards of Hiltner and Wise then it could be argued that the students who participate in the courses surveyed in this thesis, with their enhanced interest in feelings, greater warmth and decreased use of theological guidance do emerge as potentially better pastoral counsellors.

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1 S. Hiltner, Pastoral Counseling, (Nashville, Abingdon Press 1949) p. 19

2 C. Wise, Pastoral Counseling, Its theory and Practice (New York, Harper and Brothers, 1951) p. 141



An attempt to answer the question of what makes a good pastoral counsellor in terms of the two models outlined above leads therefore to two different and indeed contradictory answers. An examination of the contemporary debate however reveals that these contradictory answers stem from an oversimplification of the issues involved, for over the past ten to fifteen years the two earlier models have undergone substantial modification in directions which bring them much closer together. While the German proclamatory model of pastoral care has evolved into one which is more 'therapeutic' in orientation, the basically therapeutic American model has been subjected to searching theological analysis, and while not replaced by a proclamatory model, has been set in a more secure theological context.

The transformation of Thurneysen's proclamatory model took place in two stages. In the first place it was realised that Thurneysen's limitation of the content of the pastoral conversation to the proclamation of the forgiveness of sins was too narrow even for the proclamatory model. Drawing upon the work of Uhsodel<sup>1</sup> and Allwohn<sup>2</sup>, Burck shows how it came to be realised that

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- 1 A. Allwohn "Das Unbehagen um das Seelsorgerliche Wort am Krankenbett", *Wege zum Menschen*, Vol. 15 1963, pp 177-178
  - 2 W. Uhsodel, Evangelische Seelsorge, (Heidelberg: Quelle & Meyer 1966) p 109

"Thurneysen's emphasis on forgiveness erred theologically in that it ignored the breadth of theological meaning and of human responsiveness to life in the dimensions of creation and redemption, e.g. joy, peace, love, hope, kindness, patience and responsible communication of the gospel (just to mention a few)"<sup>1</sup>

If the first stage in the transformation of the early German model was one which simply broadened the content of the proclamation, the second stage led to the emergence of a totally new paradigm for pastoral care. This new approach began with the realities of psychotherapeutic practice and attempted to interpret this process theologically. Thus Scharfenberg understands pastoral care as conversation and his theological method is to look for the specifically pastoral in the structure of the conversation.<sup>2</sup> His theological aim is freedom and he finds the source of this freedom in psychoanalysis. In the revised German model, the theological nature of the pastoral conversation is still important but now the theological word is not imposed upon the pastoral conversation, but rather is allowed to emerge from it. The therapeutic model of pastoral care 'creates space' in which the counsellee arrives at his/her own theological meanings.

"The pastor is there to make room for the partner's concerns; he is there to start with the human, not to make room for the message from God"<sup>3</sup>

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1 Burck p. 221

2 J. Scharfenberg, Seelsorge als Gespräch,  
(Gottingen: Vandenhoeck & Ruprech 1971)  
p 10.

3 Burck p. 226

American pastoral care has also developed in a manner which emphasises the theological nature of the pastoral conversation. A good example of this approach is to be found in the work of Oden which attempts to relate the Christian gospel to the counselling process by an analysis of the ontological analogy which exists between the acceptance inherent in a good counselling relationship and the divine acceptance which lies at the heart of evangelical theology. In Kerygma and Counseling<sup>1</sup>, Oden explores the analogy between Rogers' approach to counselling and the doctrine of grace as expounded by Barth (whose theology undergirds the German proclamatory model of pastoral care). Barth does not himself apply the analogy of faith to the dialogue with psychotherapy, but Oden cites two examples which show that this application is not foreign to his basic intention. In examining the correspondence between Barth's view of "honouring the neighbour" and the therapeutic concept of "unconditional positive regard", Oden points out that while Rogers urges us to value others positively, prizing them with unconditional acceptance, Barth deepens this whole attitude by calling us to honour and value other men because they have been honoured and valued by God. Secondly, Oden examines the concept of self-actualisation present in both Rogers and Barth. Barth insists as emphatically as Rogers that "Man is summoned

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1 T.C. Oden, Kerygma and Counseling,  
(Philadelphia: Westminster Press 1966)  
p 125-6

to be himself"<sup>1</sup>. While the concept of self-actualisation is formally the same in both Rogers and Barth, the latter understands the self under the analogy of faith, the self that we are called to become, being understood (contra Rogers) as the self who has already been created, judged and redeemed by God in Jesus Christ. While this brief discussion cannot do justice to the full weight of Oden's argument, the above précis indicates how he tries to provide a theological undergirding for pastoral practice, demonstrating that the acceptance characteristic of a good counselling relationship is analagous to, and indeed points to, the covenant relationship between God and man. We must now ask whether the data arising from our own empirical investigations can be related to these modified models of pastoral counselling without obtaining the contradictory answers which arose from the attempt to relate the data to the earlier models. The investigation revealed that as a result of training the students became more interested in the feelings of counselees, more warm and accepting in their counselling relationships and no more inclined to offer guidance. Two points can be made: (1) The revised German model of pastoral care is one which 'creates space' allowing the counsellee to arrive at his own meanings. Perhaps students who bring to a counselling relationship an interest in the feelings of the counsellee, who are warm and accepting and not inclined to offer guidance will also be more able to allow their clients/parishioners to arrive at their own meanings.

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1 K. Barth, Church Dogmatics Vol III/4  
(Edinburgh T. & T. Clark 19 ) p. 386 cf.  
C. Rogers, On Becoming a Person pp 163 ff

(2) Oden has sought to provide the Rogerian model of counselling with a more secure theological undergirding, seeing in the acceptance which lies at the heart of that model a reflection of a deeper divine acceptance. Perhaps students who come to a counselling relationship with the qualities set out above will be more able to allow that divine acceptance to be expressed and experienced through the relationship itself. The context of a pastoral relationship is as important as the content of the communication, and such a relationship which expresses warmth, understanding and a genuine interest in the counsellee may itself be a communication of a gospel which is never verbalised.

We see therefore that the research data can be related to both of these revised models of pastoral counselling in a manner which respects both the theological integrity and the dynamics of the counselling process. The "Theological Note" contained in the first chapter of the thesis ended with a reference to Pannenberg's plea that both practical theology and dogmatic theology should seek to find their common roots in the "Life-world of Christianity,"<sup>1</sup> a concept which must surely take seriously both the Christian gospel of creation and redemption and the dynamic processes of human relationships. In The Structure of Christian Ethics, Sittler writes

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1 See page 29



"Christian ethical decision is generated between the two poles of faith and the facts of life. Each of these acts upon the other: facts act upon faith to reveal to it the forms available as its field of action; faith acts upon facts to discover their meaning and peril and promise for men"<sup>1</sup>

If this is true of Christian Ethics, perhaps something similar may be said of Practical Theology of which a theology of pastoral counselling must be an integral part. If a theology of pastoral counselling is similarly generated, then the dynamics of the counselling process will create an environment in which ultimate meaning may be found, and the Christian gospel will provide a framework within which both counsellor and counsellee will find at a deeper level the meaning and the challenge of the helping relationship.

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1 J. Sittler, The Structure of Christian Ethics, (New Orleans: Louisiana State University Press 1958) p.74

## APPENDICES

## Appendix I

### PRACTICAL THEOLOGY I

#### SESSION 1975/76

#### Easter Vacation Conference

#### "THE PASTORAL CARE OF THE HOSPITAL PATIENT"

#### Aims and Objectives

This course is intended to be a basic introduction to the topic of pastoral care in hospitals. Within the limitations of the time available and the situations to be observed the Course has the following objectives:

At the end of the Course the student should have gained:-

- (1) A basic understanding of how general and psychiatric hospitals function.
- (2) Some insight into the feelings of patients in hospital.
- (3) Some understanding of both the human and technical resources available for health care in the National Health Service.
- (4) A preliminary awareness of the interaction between patient, hospital and community.
- (5) Some ideas about the nature of Christian ministry in hospital.
- (6) An understanding of the implications for the work of the parish ministry in the community.
- (7) New insights in respect of his own theological reflection.

## NOTES FOR PARTICIPANTS

- LOCATION: The Conference will be held in the Royal Edinburgh Hospital, Morningside Park, Edinburgh 10; The Royal Infirmary of Edinburgh, Lauriston Place and the Western General Hospital, Crewe Road South, Edinburgh.
- CONFIDENTIALITY During the Course you will hear details of patients' cases and private lives. It is essential that Divinity students maintain the same high standards of confidentiality as those observed by doctors and nurses. Case material should not be discussed with anyone outside of the Course.
- TIME: Meetings in the Royal Edinburgh - students should report first to the Chaplain's Office by 8.45 a.m. each morning.
- MEALS
- a) Royal Edinburgh Hospital  
Morning coffee, lunch and afternoon tea are available in the Staff Dining Room at Canteen prices.
  - b) Royal Infirmary  
Morning coffee will be available in the Central Dining Room during the morning interval. Tea and biscuits or full afternoon tea will be available in the Central Dining Room during the afternoon interval. Lunch is available in the Central Dining Room. The usual Canteen prices will apply. Dining Room passes will be issued to those wishing them.
- ATTENDANCE: Students unable to attend any sessions should notify the Chaplain concerned in advance.
- LOCATION OF ROOMS
- a) Royal Edinburgh Hospital
    - 1. The Chaplain's Room is situated on the corridor which links the Andrew Duncan Clinic to Mackinnon House.
    - 2. The Small Lecture Theatre is situated on the ground floor of the Tower Building which forms the University Department of Psychiatry.
    - 3. The Church/Centre lies at the west end of the hospital grounds.

b) Royal Infirmary

The West Medical Lecture Theatre is situated at the Western end of the Medical Corridor. The Lister Theatre (Main Surgical Lecture Theatre) is situated near the Main Entrance (under the Clock Tower). Seminar Rooms and Teaching Rooms are situated in the wards and departments indicated on the programme. (See the hospital map if in doubt). The Chaplain's Office is situated in the centre of the building beside the Library and Accounts Office. The Committee Room is situated down the stairs leading from the corridor outside the Chaplain's Office to the north entrance of the dining room. The Renal Unit (R.D.U.) is situated along the corridor from Ward 23.

<u>RECOMMENDED</u> <u>READING:</u>	"Psychology for Ministers and Social Workers" by Harry Guntrip (Independent Press) (Published George Allen & Unwin)	
	"Pastoral Care in the Modern Hospital" - H. Faber (Publ. SCM)	
<u>STAFF IN</u> <u>CHARGE OF</u> <u>THE COURSE:</u>	Rev. R.M. Leishman	Chaplain R.E.H.
	Rev. T.S. McGregor	Chaplain R.I.E.
<u>GROUP</u> <u>LEADERS:</u>	Miss C. Clunie, D.C.S. Mrs. Myra Hutchison Sister Rosamund Wass Miss June Cameron	
<u>EVALUATION:</u>	Students are required to write an essay (approximately 1,500 words) evaluating the hospital experience as preparation for the pastoral ministry to be submitted to Professor J. Blackie, not later than 14th April, 1976 (Value under continuous assessment 12½marks)	



PRACTICAL THEOLOGY I : EASTER VACATION CONFERENCE

15th to 19th March 1976

MONDAY,  
15th MARCH

Whole Class - Royal Edinburgh Hospital

9.00	Prayers	Small Lecture Theatre
9.15	Introduction	"
9.45	"Crises of Psychiatric Illness" - Professor R.E. Kendall, Professor of Psychiatry	"
10.45	Coffee	
11.15	"Working together in Mental Health" Dr. Bruce Ritson, Consultant Psychiatrist Mrs. Mary Patterson, Sister in Acute Admission Ward Rev. Derek Haley, Congregational Minister Rev. Alex Black, Scottish Episcopal Lottie Clunie Murray Leishman	"
12.45	Lunch	
2.00-3.30	Case Presentations - Dr. Alan Jacques Senior Registrar in an acute admission case	"
3.30	Afternoon Tea	
4.00-4.45	Small Group Discussion	

TUESDAY,  
16th MARCH

Whole Class at Royal Infirmary Edinburgh

9.15	Meet in General Hospital	
9.30-10.30	Then visit Patients	
10.30-11.00	Coffee	
11.00-12.30	"The Medical Ward" - Group Seminars and Ward Visits	
	<u>Group A</u> - Dr. Walter Nimmo Sister Patricia M. Kelly	Ward 24 Therapeutics Seminar Room

<u>Group B</u> - Dr. A. Gordon Leitch	Ward 27
Staff Nurse A.M. Urquhart	" 27
	Seminar Room
<u>Group C</u> - Dr. Kathryn Sutherland	Ward 30
Miss N.M. Nicol,	" 30
Unit Nursing Officer	Teaching Room
<u>Group D</u> - Dr. Ian Campbell	Ward 32
Sister J. Ross	" 32
	Teaching Room

12.30-2.00 Lunch

2.00-3.15 "Patients and Pregnancy" West Medical Lecture  
Dr. John Parboosingh Theatre

3.15-3.45 Tea

3.45-5.00 Group Discussion  
"Pastoral Care in the General Hospital"

This will take place in the same place as the morning seminars

WEDNESDAY,      Groups A and B only - Royal Infirmary of  
17th March      Edinburgh

9.30 Meet inside the Main Door at the Porter's  
Desk (central entrance underneath the  
clocktower)

Visit to an operating theatre

Miss F.R. Fleming, Senior Nursing Officer  
Theatre Supervisor's Office

11.-11.30 Coffee

11.30-12.30 "Surgery and the Surgical Patient" Main Surgical  
Mr. Ian W.J. Wallace Lecture Theatre

12.30-2.00 Lunch

2.00-3.15 Visit to the Medical Renal Unit  
Sister-in-charge

3.15-3.45 Tea

3.45-5.00 "Social and Emotional Factors  
associated with Physical Illness" Committee  
Miss Helen Ruffell Room  
Miss Pamela Whitelaw

WEDNESDAY,  
17th March

Groups C and D only - Royal Edinburgh Hospital

9.00-10.30	"The Pastoral Care of the Psychiatric Patient" (1)	Church Centre
10.45	Coffee	
11.15-12.45	"On Understanding Personal Problems" Dr. Norman Taylor, Psychiatrist and Miss Frances Pollock-Morris, Psychiatric Social Worker - Psychotherapy Unit	"
12.45	Lunch	
2.00	Prayers	"
2.15-4.00	"The Pastoral Care of the Psychiatric Patient" (2)	"
4.00	Afternoon Tea	

THURSDAY,  
18th March

Groups A and B only - Royal Edinburgh Hospital

9.00-10.30	"The Pastoral Care of the Psychiatric Patient" (1)	Church Centre
10.45	Coffee	
11.15-12.45	"On Understanding Personal Problems" Dr. Norman Taylor, Psychiatrist and Miss Frances Pollock-Morris, Psychiatric Social Worker - Psychotherapy Unit	"
12.45	Lunch	
2.00	Prayers	"
2.15-4.00	"The Pastoral Care of the Psychiatric Patient" (2)	"
4.00	Afternoon Tea	

THURSDAY,  
18th March

Groups C and D only - Royal Infirmary of  
Edinburgh

9.30	Meet inside the Main Door at the Porter's Desk (central entrance underneath the clocktower)	
	Visit to an operating theatre	
	Miss F.R. Fleming, Senior Nursing Officer	
	Theatre Supervisor's Office	
11-11.30	Coffee	
11.30-12.30	"Surgery and the Surgical Patient"	Main
	Mr. J.W.W. Thomson, Consultant Surgeon	Surgical Lecture Theatre
12.30-2.00	Lunch	
2.00-3.15	Visit to the Medical Renal Unit	
	Sister-in-charge	
3.15-3.45	Tea	
3.45-5.00	"Social and Emotional Factors associated with Physical Illness"	Committee
	Miss Helen Ruffell	Room
	Miss Pamela Whitely	

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FRIDAY,  
19th March

Whole Class - Royal Edinburgh Hospital

9.00	Prayers	Church Centre
9.15-10.30	"Care of the Dying Patient"	"
	Dr. J.G. McVie	
	Sister Ann Penney	
	Rev. T.S. McGregor	
10.45	Coffee	
11.15	"Addiction" - Dr. Martin Plant	
	Sociologist, M.R.C. Unit	
	for Epidemiological	
	Studies	"
12.45	Lunch	
2.00-4.00	Final Evaluation	"
	(1) Groups	
	(2) Plenary	
4.00	Afternoon Tea	

## Appendix II

### Practical Theology I: Statement to class seeking students participation in Research Project

I have come here this morning to ask for your help in a piece of research which I am presently undertaking into some aspects of the practical training which form part of the programme of this Department.

For some years now, students have been coming to the various Hospitals in Edinburgh for conferences or placements at certain points of their academic careers. You, yourselves will be taking part in a week long Easter Vacation Conference and should you go on to PTIII or undertake either the DPS or CPS course, various hospital placements will be open to you.

Up till now, there has been no serious attempt to evaluate the effect of these courses upon the students who participate in them, and this is where I am seeking your help, in particular with the evaluation of the Conference in which you will take part during the Easter Vacation of 1976.

What I wish to do this year, is to ask the students in PTI, i.e. this class, to fill in two separate questionnaires.

1. The first is called the Theological School Inventory. This is an attempt to evaluate the conscious motives which have led students to undertake preparation for ministry. It is a questionnaire which has been used extensively in the United States over the past ten years, but very little in the U.K., and certainly not before in New College.

I am using this particular instrument or at least part of it, because it has been well tried and tested. I am only proposing to use part of it because it asks a lot of unnecessary questions and I see no point in wasting both your time and mine. However, I would like you to fill in a short Questionnaire, giving obviously relevant information, i.e. age, education, experience and so on.



It is estimated that it takes less than one hour to complete this Questionnaire, and so I realise that I am not asking for something which is insignificant in terms of time. However, the literature indicates that those students who have completed the Questionnaire have gained some not inconsiderable benefits and insights themselves.

2. The second test is a much shorter test and simply consists of reacting to a set of statements on hospitals and the role of the church in the hospital situation. It should not take more than fifteen minutes to complete. However, we wish it to be completed three times over the next few months, once perhaps at the same time as the TSI, the second time just before the Easter Conference, and finally at the end of the Conference itself.

### Three final points

1. It is voluntary though obviously the more students who participate, the more reliable will be the results.
2. It is anonymous. No one will have access to the information except me. We are primarily interested in overall tendencies though if any individual wishes to discuss the results of the TSI this would be possible.  
  
Anonymity will be preserved in the following way - Each participant will have a code number, which will be used on all the forms. I will take a key to the code to ensure that, if you cannot remember your code number, you will get the right piece of paper. This key will be destroyed when all the tests are complete.
3. It has nothing whatsoever to do with academic assessment, and neither participation nor non-participation, nor the scores themselves will have anything to do with grades awarded at the end of the academic year.

This then, is the project in which I am looking for help. I hope you will be able to give me the required time.

### Appendix III (a)

## FORM 1

### A. General Information

1. Age .....
2. Sex .....
3. Married/Single      No. of years married .....  
                                No. of children .....
4. Country of origin .....
5. Degrees and Qualifications (please detail any speciali-  
                                               sations such as Honours)
6. Religious Denomination .....
7. What branch of Church work do you hope to enter?  
    (Circle one or more)  
    Parish Minister. Deaconess. Missionary. Theological  
    Teacher.  
    Special Chaplaincy (specify ) .....  
    Other (specify) .....
8. Experience in Church Work (please fill in all sections  
    relevant to you.)  
    (a) Student Assistanship for ..... years and .....months  
    (b) Summer Charge for ..... months.  
    (c) Pulpit Supply (Circle one)      None. Very occasional  
                                                        Frequent  
    (d) Other Student Practical Training  
        Type of work .....  
        Time spent .....  
    (e) Probationary period ..... months  
    (f) Ordained for ..... years ..... months.  
    (g) Please give details of type of work undertaken  
        since ordination and time spent in each.  
        (e.g. "Parish Ministry for 15 years, 2 charges")  
    (h) Please specify any other relevant Church Experience.  
    (i) Which aspect of Church work do you feel most  
        experienced in?  
        Least experienced in?

9. Psychological, Psychiatric & Religious Counselling Experience

(a) Courses in Practical Theology, e.g. New College Practical Theology I (please specify Course & College)

(b) Other lectures and conferences  
(Specify subjects and number of hours)

(c) Other clinical experience

(d) Personal analysis or other personal experience of psychological treatment

(e) Experience in counselling of individuals.  
(Give some indication of how much of this you have done and what types of problems, e.g. youth problem, bereaved, alcoholic, religious dilemmas. Include everything you think might possibly be relevant under this heading, whether the counselling was given in your capacity as a minister (trainee minister) or in some other capacity, and whether it consisted of a series of conversations or one single contact.  
(If none of any kind write "None")

(f) Reading in Psychiatric or Religious Counselling literature (Circle one)

None      Some      Fairly Extensive      Very Extensive

Appendix III (b)

P.T.I. 75/76

Code No.....

HOSPITALS RESEARCH PROJECT

ATTITUDE INVENTORY

The purpose of this test is to see how far (if at all) participation in the Easter Vacation Conference changes your attitudes to various aspects of hospital life and your conceptions of the pastoral ministry.

The test consists of 40 items and you are asked to respond to each by making a mark (x) at one of the points on a seven-point scale thus:

e.g.1. Patients are not given sufficient information regarding their illness and treatment.

Strongly Agree	Agree	Slightly Agree	Don't Know	Slightly Disagree	Disagree	Strongly Disagree
					x	

2. Hospital chaplaincy is a form of ministry which I might consider one day

Strongly Agree	Agree	Slightly Agree	Don't Know	Slightly Disagree	Disagree	Strongly Disagree
			x			

What is required is your own personal reaction to each statement. Make each item a separate and independent judgement. Work at a reasonable speed throughout the test, neither worrying too long over individual items nor rushing carelessly through them.

Important

1. Be sure to respond to every statement
2. Never put more than one cross on a single scale

1. Patients are not given sufficient information regarding their illness and treatment
2. Hospital Chaplaincy is a form of ministry which I might consider one day
3. Contraceptives should not be so readily available to the unmarried
4. Psychology and psychiatric theory has some insights to acquire from theology
5. Alcoholism is more of an illness than a sin
6. Mental illness is unlike anything I have ever experienced
7. The Hospital Chaplain should regard himself primarily a representative of the Church
8. Patients should be told their prognosis even if it is a poor one
9. Where a patient is in the terminal stages of an illness it is wrong to administer a pain relieving drug if this will hasten the time of death
10. Hospitals are frightening places
11. The Hospital Chaplain is too identified with the Hospital Staff
12. The Hospital Chaplain is usually regarded by the hospital staff as a member of the therapeutic team
13. The quality of human life is more important than its length
14. Participation in a hospital course is liable to change one's conception of ministry
15. I am not convinced of the direct relevance of psychiatry to the work of the Ministry
16. Medical experimentation on a patient with no direct therapeutic benefit for him is justified on the grounds that others may benefit



17. Psychiatry and social work have taken over much of what the ministry used to do in the past
18. One main difference between the psychiatrist and a minister is that a minister has a call from God
19. There is some common ground between the practice of psychiatry and pastoral care
20. The prognosis for cancer patients is poor
21. I can think of situations of personal distress where it would be difficult to say who could help more - the minister or the psychiatrist
22. Major surgery is something to be feared (A)
23. Doctors generally do not give sufficient attention to patient's beliefs and values
24. If spiritually healthy then mentally healthy
25. Hospital staff are more interested in cure than care
26. I believe that it has become too easy for a woman to procure an abortion
27. In counselling a dying patient, the main role of a pastor is to offer forgiveness of sins in Jesus Christ
28. Perhaps I could just as easily have been a psychiatrist as a minister
29. Confidentiality is not sufficiently respected regarding the personal affairs of patients
30. If an old man with an advanced painful cancer develops pneumonia he should not be given antibiotics
31. If I had some say in the allocation of limited resources I would favour using the money for the saving of a few young lives (e.g. in renal units) rather than in improving facilities for the care of the elderly
32. Ministers of local congregations have a significant part to play when a member of their congregation is in hospital

33. Co-operation between Hospital Chaplain and parish minister is important in pastoral care
34. If it is known that a woman will probably give birth to a deformed child, she should be encouraged to have an abortion
35. In a situation of ethical uncertainty, there is usually a clear Christian position
36. Health is not to be equated with freedom from physical disease
37. The Hospital Chaplain should be more concerned with pastoral care than evangelism
38. In the face of human suffering, it is sometimes difficult to speak a specifically Christian word
39. Theology has some insight to acquire from psychological and psychiatric theory
40. It is not wrong to switch off a respirator when the patient suffers such brain damage that he is no more than a "vegetable"

NOTE: On pages 298-300 the "Response Boxes" labelled "Strongly Agree" - "Strongly Disagree" (as illustrated on Page 297) are omitted. These were of course part of the actual Inventory as issued to the students.

Appendix IV (a)

Table 44 (a)

Attitude Inventory : Half-group A

scores in February and March

Group A

I Attitudes to Hospitals

Question No.	Feb	March
10	4.64	3.92
20	3.28	3.85
23	3.64	3.21
1	3.26	3.26
8	3.43	3.71
22	3.50	3.57
29	4.00	4.29
36	2.43	2.14
13	2.21	2.50
25	4.45	4.64

II Conceptions of Ministry

Question No.	Feb	March
12	3.42	3.71
7	3.50	2.93
33	1.64	1.29
2	4.35	3.64
37	3.00	3.35
11	4.00	3.86
32	1.86	1.57
38	3.93	3.35
14	2.93	3.07
27	3.57	3.57

III Attitudes to Psychiatry

Question No.	Feb	March
24	3.64	4.36
6	4.14	4.21
15	5.35	4.92
39	2.29	2.14
4	1.57	2.00
17	2.64	3.14
21	3.07	2.85
19	2.42	2.35
28	5.29	5.29
8	4.07	5.07

IV Attitudes to Ethical Issues

Question No.	Feb	March
35	5.43	5.50
5	3.00	3.20
26	3.07	3.43
34	4.50	4.57
9	5.28	4.85
30	4.57	4.07
16	4.21	4.28
3	4.07	4.43
40	3.29	3.64
31	4.21	4.50

Appendix IV (b)

Table 44 (b)

Attitude Inventory : Half-Group B  
scores in April and May

I Attitudes to Hospitals

Question No.	April	May
10	4.46	4.16
20	3.17	3.08
23	2.58	2.92
1	4.23	3.69
8	2.65	2.38
22	3.25	3.33
29	5.17	4.92
36	2.08	1.92
13	2.33	1.66
25	5.00	3.75*

II Conceptions of Ministry

Question No.	April	May
12	2.69	3.46
7	3.38	2.76
33	1.67	1.67
2	3.54	3.76
37	2.17	2.33
11	4.16	4.62
32	1.33	1.42
38	2.75	2.66
14	3.25	3.33
27	3.66	3.50

\*  $p < 0.05$

III Attitudes to Psychiatry

Question No.	April	May
24	4.50	5.58*
6	3.76	3.46
15	5.16	5.66
39	2.25	2.50
4	2.46	2.61
17	2.83	2.83
21	2.75	4.00
19	2.23	3.33
28	6.00	6.25
18	4.50	4.75

IV Attitudes to Ethical Issues

Question No.	April	May
35	5.50	5.83
5	2.53	2.38
26	3.08	3.58
34	4.25	4.50
9	5.61	5.38
30	3.17	3.42
16	4.08	4.00
3	3.92	4.50
40	2.67	2.42
31	4.00	2.75

\*  $p < 0.05$



Table 45 - I

Attitudes to Hospitals

Table 45 - I Attitudes to Hospitals		TOTAL GROUP					'P' GROUP			'E' GROUP			Analysis of Var.		PM/EM
		1 Class	2 MAR/OCT	3 APR/MAY	4 p(wil)	5 p(F-test)	6 MAR	7 APR	8 p(wil)	9 MAR	10 APRIL	11 p(wil)	12 Betw. Sub.	13 Within Sub	14 T-test
10	Hospitals are frightening places	PTI75/76	3.86	4.25			3.83	4.50		3.92	4.00				
		PTI77/78	4.50	4.43			5.00	6.00		5.50	3.60			0.05	
		T 76/77	3.23	3.92											
		C 76/77	3.40	4.10											
20	The prognosis for cancer patients is poor		3.75 4.64	3.50 4.52			3.50 4.80	3.52 5.20		3.75 3.80	3.32 3.40				
			3.91 4.60	3.91 4.40											
23	Doctors generally do not give sufficient attention to the patients beliefs and values		3.39 3.94	3.64 4.82	0.05	0.01	3.25 4.00	3.16 5.00		3.16 5.00	3.75 5.20				
			3.27 3.20	4.45 3.50											
1	Patients are not given enough information regarding their illness or treatment		3.28 3.58	4.46 4.29	0.01 0.05	0.01	2.92 3.60	4.00 3.60		3.50 3.80	4.58 4.40	0.05			
			2.69 2.90	3.15 2.80											
8	Patients should be told their prognosis even if it is a poor one		3.75 3.18	2.78 4.00		0.01	3.83 4.20	3.17 3.80		2.96 2.80	2.42 4.40			0.01 0.05	
			3.27 3.20	2.91 3.80											
22	Major surgery is something to be feared		3.68 3.71	3.71 3.23			4.16 3.00	4.00 3.20		3.33 5.00	3.41 3.80				0.05
			3.92 3.80	4.00 3.60											
29	Confidentiality is not sufficiently respected regarding the personal affairs of the patients		4.32 4.80	5.29 5.70	0.01	0.01	4.17 4.20	5.33 5.60	0.05	4.33 4.60	5.67 5.60	0.05		0.05	
			5.33 4.40	5.08 4.50											
36	Health is not to be equated with freedom from physical disease		2.29 2.29	2.64 2.00			2.42 2.40	2.00 1.80		2.33 2.60	2.08 2.60				
			2.00 2.30	2.08 2.10											
13	Quality of human life is more important than its length		2.50 2.18	2.56 2.25			2.25 2.80	2.25 2.00		2.30 2.50	2.10 3.00				
			2.17 2.10	2.42 1.30											
25	Hospital staff are more interested in cure than care		4.75 5.41	4.92 5.35			5.00 6.00	5.55 6.60		4.50 5.60	4.50 4.40				
			4.36 4.50	3.88 4.90											
Spearman's Rho			0.90	0.76			0.69	0.81		0.77	0.76				
p			0.01	0.02			0.02	0.01		0.02	0.05				



Table 45 - II

Conceptions of Ministry

Table 45 - II Conceptions of Ministry		TOTAL GROUP					'P' GROUP			'E' GROUP		Analysis of Var.		PM/EM
		1 Class	2 MAR/OCT	3 APR/MAY	4 p(wil)	5 p(F-test)	6 MAR	7 APR	8 p(wil)	9 MAR	10 APRIL	11 p(wil)	12 Betw.Sub.	13 WithinSub.
12	The Hospital Chaplain is usually regarded by the hospital staff as a member of the therapeutic team	PTI75/76	3.75	2.75	0.01	0.01	3.66	2.25	0.01	3.83	3.33			
		PTI77/78	4.00	2.50	0.01	0.01	3.80	1.60		4.60	2.60			
		T 76/77	3.46	3.31										
		C 76/77	3.40	3.40										
7	The Hospital Chaplain should regard himself primarily as a representative of the church		3.47 3.80	3.00 4.10			3.68 4.00	3.58 5.20		3.00 3.60	2.16 3.00	0.05		0.05
			4.18 4.60	4.45 4.50										
33	Co-operation between Hospital Chaplain and Parish Minister is important in pastoral care		1.68 1.47	1.71 1.29			2.08 1.40	1.58 1.00		1.42 1.60	1.83 1.80			
			1.62 1.80	1.69 2.00										
2	The hospital is a form of ministry which I might consider one day		3.89 3.94	3.61 3.70			3.58 3.80	3.33 3.20		4.33 5.00	3.75 4.80		0.05	
			3.36 3.90	3.55 4.40										
37	The Hospital Chaplain should be more concerned with pastoral care than evangelism		2.93 3.20	2.50 2.40	0.05 0.05		2.16 3.00	1.75 2.00		3.75 4.20	3.25 3.60		0.05	
			2.25 2.10	1.92 2.50										
11	Hospital Chaplain is too identified with the hospital staff		4.11 4.60	4.32 5.50			3.92 5.20	4.67 6.00		4.13 4.50	3.83 4.25		0.05	
			5.08 4.00	4.69 4.50										
32	Ministers of local congregations have a significant part to play when a member of their congregation is in hospital		1.71 1.41	1.46 1.25			1.67 1.14	1.50 1.20		1.67 1.60	1.33 1.40			
			1.85 1.60	1.85 1.50										
38	In the face of human suffering, it is sometimes difficult to speak a specifically Christian word		3.25 2.80	3.46 2.70			2.25 3.00	2.25 2.20		3.42 4.20	4.59 4.20		0.01	0.011
			2.92 3.50	2.15 2.80		0.05								
27	In counselling a dying patient, the main role of a pastor is to offer forgiveness of sins in Jesus Christ		3.89 4.29	3.64 4.58			4.46 4.40	4.33 5.60		3.08 2.80	2.50 2.60		0.01 0.05	0.01
			4.46 5.30	5.38 5.20		0.05								0.05
14	Participation in a hospital course is liable to change one's conception of the ministry		3.07 3.06	3.00 2.93			3.08 3.80	3.33 3.60		3.08 2.80	3.67 3.00			
			2.08 2.50	2.67 2.70										
Spearman's p			0.92 0.01	0.87 0.01			0.97 0.01	0.96 0.01		0.95 0.01	0.77 0.02			

Spearman's p  
p

Table 45 - III

Attitudes to Psychiatry

Table 45 - III Attitudes to Psychiatry		TOTAL GROUP					'P' GROUP			'E' GROUP			Analysis of Var.		PM/EM
		1 Class	2 MAR/OCT	3 APR/MAY	4 p(wil)	5 p(F-test)	6 MAR	7 APR	8 p(wil)	9 MAR	10 APRIL	11 p(wil)	12 BetwSub	13 WithinSub	14 T-test
24	If spiritually healthy, then mentally healthy	PTI75/76	4.61	4.53			4.92	4.50		4.17	4.58			0.05	
		PTI77/78	4.05	4.65			5.80	4.80		3.00	3.60			0.01	
		T 76/77 C 76/76	4.27 5.40	5.00 5.80											
6	Mental illness is unlike anything I have ever experienced		3.94 4.10	4.03 4.00			4.08 4.40	3.50 4.40		3.66 4.40	4.25 3.80			0.05	
			4.00 3.80	4.36 5.00											
15	I am not convinced of the direct relevance of psychiatry to the work of the ministry		5.18 5.20	4.86 5.90		0.05	5.75 4.60	5.91 6.20		4.50 5.00	4.08 6.00		0.01		
			5.54 5.60	6.23 5.60											
39	Theology has some insight to acquire from psychological and psychiatric theory		2.21 2.38	2.25 1.88		0.05	1.92 2.00	1.83 1.80		2.58 3.60	2.58 2.20			0.05	
			2.15 2.50	2.15 2.40											
4	Psychology and psychiatric theory has some insights to acquire from theology		2.21 1.94	2.21 1.70			2.58 2.00	2.58 1.80		1.83 1.80	1.83 1.80		0.05		
			2.27 2.70	2.45 2.70											
17	Psychiatry and social work have taken over much of what the ministry used to do in the past		3.21 2.94	2.64 3.47			3.42 2.20	2.92 2.60		3.25 3.40	2.50 4.40		0.05	0.05	
			2.57 3.00	3.08 3.30											
21	I can think of situations of personal distress where it would be difficult to say who could help more - the minister or the psychiatrist		2.85 3.00	2.70 2.52			3.00 2.60	2.00 2.20	0.05	3.00 3.80	3.45 3.06				
			2.18 2.80	2.09 3.20											
19	There is some common ground between the practice of psychiatry and pastoral care		2.39 1.82	2.03 1.88		0.05	2.16 1.80	2.16 1.60		2.58 1.80	2.08 2.20		0.05		
			1.67 2.60	2.17 2.50											
28	Perhaps I could just as easily have been a psychiatrist as a minister		5.64 6.58	5.57 6.47			5.25 6.40	5.25 6.40		6.25 6.80	6.08 6.60				
			4.92 4.80	5.25 5.20											
18	The main difference between the psychiatrist and a minister is that a minister has a call from God		4.68 4.65	4.79 5.05			5.00 4.80	5.25 5.40		4.00 3.60	4.00 4.00				
			5.18 4.90	4.45 5.00											
P			0.94 0.01	0.95 0.01			0.89 0.01	0.92 0.01		0.68 0.05	0.65 0.05				



Table 45 - IV

Attitudes to Ethical Issues

Table 45 - IV Attitudes to Ethical Issues		TOTAL GROUP					'P' GROUP			'E' GROUP			Analysis of Var.		PM/EM
		1 Class	2 MAR/OCT	3 APR/MAY	4 p(wil)	5 p(F-test)	6 MAR	7 APR	8 p(wil)	9 MAR	10 APRIL	11 p(wil)	12 Betw.Sub.	13 WithinSub	14 T-test
35	In a situation of ethical uncertainty, there is usually a clear Christian position	PTI75/76	5.25	5.32			5.75	5.91		4.46	4.58		0.05		
		PTI77/78	5.05	5.23			5.60	5.60		4.40	4.20				
		T 76/77	5.09	5.55											
		C 76/76	5.10	4.90											
5	Alcoholism is more of an illness than a sin		2.32	2.68			1.42	1.42		3.08	4.37	0.05	0.01		0.05
			2.60	2.00		0.05	2.80	2.20		3.40	2.00		0.05		
			2.08	1.75											
		1.70	2.30												
26	It is too easy to obtain an abortion		3.32	3.68			3.75	4.08		3.00	3.00				
			3.88	4.00			4.20	4.20		3.00	3.20				
			4.17	4.25											
		4.80	4.60												
34	If it is known that a woman will probably give birth to a deformed child, she should be encouraged to have an abortion		4.61	4.50			3.42	3.42		5.83	5.17		0.01		0.05
			4.52	4.94		0.05	3.60	5.20		4.60	4.80				
			3.85	3.77											
		4.60	4.00												
9	Where a patient is in the terminal stages of illness it is wrong to administer a pain-relieving drug if this will hasten the time of death		5.07	5.60		0.05	5.58	6.08		4.50	5.08				
			4.75	5.12			5.60	5.60		3.75	4.00		0.05		
			4.83	5.83											
		4.10	6.10		0.05										
30	If an old man with an advanced painful cancer develops pneumonia he should not be given antibiotics		4.00	3.86			3.83	3.92		4.00	3.75				
			4.88	4.82			4.80	4.40		4.80	4.60				
			4.25	3.75											
		4.30	4.60												
16	Medical experimentation on a patient with no direct therapeutic benefit for him is justified on the grounds that others may benefit		4.07	3.82			3.33	3.42		4.66	4.08				0.05
			4.50	4.68			5.00	5.00		4.50	5.25				
			3.83	4.50											
		4.50	4.40												
3	Contraceptives should not be so readily available to the unmarried		4.21	4.32		0.05	5.08	5.00		2.50	3.17		0.01		0.05
			5.11	4.58			6.20	5.60		4.20	3.80		0.05		
			6.45	5.27											
		6.20	6.00												
40	It is not wrong to switch off a respirator when the patient suffers such brain damage that he is no more than a 'vegetable'		3.64	3.04			3.00	2.83		4.17	3.25	0.05	0.05		0.05
			3.25	2.70			2.00	2.40		3.66	2.20			0.05	
			2.83	2.83											
		3.30	2.40												
31	If I had some say in the allocation of limited resources I would favour using the money for saving a few young lives (eg. in renal units) rather than improving facilities for the care of the elderly		4.32	3.93			4.16	3.67		4.58	3.75	0.05			
			5.00	4.88			5.40	5.88		4.60	4.60				
			3.85	3.92											
		4.50	4.40												
p			0.68	0.92			0.88	0.78		0.80	0.39				
			0.05	0.01			0.01	0.02		0.01	N.S.				

## Appendix V (b)

### Explanation of Tables 45 (I,II, III, IV)

For ease of comparison all the data obtained using the Attitude Inventory (with the Practical Theology I classes of 1975-76 and 1977-78 and the fieldwork placements in session 1976-77) are set out in the four tables 45 I, II, III and IV. These tables contain a vast amount of important information so some explanation of the various columns is perhaps in order at this point. The four tables list (a) mean scores for the total groups and for the P and E sub-groups for the Attitude Inventory in March (at the beginning of the conference) and April (three weeks after the end of the conference together with the relevant statistical analysis and (b) the October and May mean scores for the Attitude Inventory for the field work placements in 1975-76. The four tables refer to

- I Attitude to hospitals
- II Concepts of ministry
- III Attitudes to psychiatry
- IV Attitude to ethical issues

Column (1) Class involved. We have so far only been concerned with the P.T.I. class of 1975-76. We will however be concerned with replicating the results with the P.T.I. class of 1977-78 and with the results obtained with the students in fieldwork placements in 1977-78. Therefore to avoid duplicating the tables and for ease of comparison the results for each group are given in each box as follows

- line 1. P.T.I. Class of 1975-76
- line 2. P.T.I. Class of 1977-78
- line 3. Field work placements 1976-77
- line 4. Control group 1976-77

(2) Mean values obtained for (each) total group in March (P.T.I.) or October (fieldwork placements).

(3) Mean values obtained for (each) total group in April (P.T.I. or May (fieldwork placements).

(4) Value of  $p$  obtained by comparing March/April or October/May scores using Wilcoxon Test for repeated measure designs. For the sake of clarity only values of  $p < 0.05$  are listed. In all other cases that level of statistical significance was not obtained.

Analysis of variance calculations were carried out on the combined P and E scores using a method set out in the Computational Handbook of Statistics by J.L. Bruning and B.L. Kintz (Scott Foresman 1968 (pp 54-61). This enables us to compare the combined P and E group scores in March and April (Between Subjects Variation), the total P scores (March and April) with the total E scores (March and April) (Within Subjects Variation and the combined effects of the pre-and post-conference scores and of belonging to either the P group or the E group. For each of these three sets of circumstances (pre/post conference, P/E, and the combined effect) two statistics were calculated, the value of F obtained from the variance ratio test and the associated value of  $p$ . And so to continue with our explanation of the tables.

- (5) The value of  $p$  associated with the value of F obtained by comparing the sum of the P and E scores in March and April (between subjects variation). This combined group of 24 subjects is not of course identical with the total group of 28 students but will approximate to it.
- (6) The mean March score for the P Students
- (7) The mean April score for the P students
- (8) The value of  $p$  obtained by comparing P students in March and April using the Wilcoxon Test
- (9) The mean March scores for the E students
- (10) The mean April scores for the E students
- (11) Value of  $p$  obtained by comparing E students in March and April using the Wilcoxon Test
- (12) Value of  $p$  associated with value of F obtained by comparing P scores with E scores (within subjects variation)
- (13) Value of  $p$  associated with value of F obtained by examining the combined effects of pre- and post-conference testing together with the effects of the P/E split
- (14) Value of  $p$  obtained by comparing the P and E scores in March using the Mann Whitney test

Two further statistics are included in the tables. Along the foot of each table there are values of Spearman's rho obtained by comparing the results for each of the four sections of the Inventory for the P.T.I classes of 1975-76 and 1977-78 together with the associated values of  $p$ .



## Appendix VI (a)

### Extended Fieldwork placements : Statement to class seeking students' participation in Research Project

I have come here this afternoon to seek your assistance in a piece of research which I am presently undertaking into some aspects of the practical training which forms part of the work of this department.

For some years now students have been coming to the various hospitals in Edinburgh for fieldwork placements. You yourselves will be beginning such a placement in the near future.

Up till now there has been no serious attempt to evaluate the effect of these courses upon students who take part in them, and this is where I am seeking your help in particular with an attempt to evaluate this year's course.

What I wish to do this year is to ask the students who this year will be involved in fieldwork placements (i.e. PTIII and DPS/CPS students) to participate in two groups of tests.

- (a) In the first you will be asked to respond to some tape-recorded interviews. This through the kindness of Dr. Campbell will be done in class time. This part will take about an hour and I will, of course, give all the necessary details at that particular point in time.
- (b) In the second you will be asked to complete a carefully selected set of tests and questionnaires. We will ask you to do this in your own time and to return them as quickly as possible. This section may take about  $1\frac{1}{2}$  - 2 hours to complete so I realise I am asking of you something which is not insignificant time wise. However this is research into a subject in which you yourselves have an obvious interest and I would hope to make the results available to you at some point in the future:

You will be asked to do this twice during the academic year. The first occasion will be as soon as possible, so that we get a set of results from you 'uncontaminated' by any teaching either here in the College or in the hospital. We will ask you to do most of the test again towards the end of the summer term.

### Three Final Points

1. This is voluntary though naturally we hope that you will all participate since the more who participate the more reliable the results.
2. It is anonymous. No one will have access to the information except me, and in any case we are primarily interested in overall changes.
3. These tests have nothing to do with academic assessment and neither participation nor non-participation, nor the test scores themselves, will have anything to do with the grades awarded at the end of the year.

This then is the project in which I am looking for help. I hope you will all feel able to participate.

Any questions?

Appendix VI (b)

Extended fieldwork placements : Letter inviting  
participation in control group

29th October, 1976

Dear

Research Project: Theological Education in a Clinical Setting

I am writing to seek your assistance in the above research project which is currently being undertaken within the Department of Christian Ethics and Practical Theology. It is an attempt to assess the effects of our courses in which there is a placement in a hospital setting. Since you are not involved in such a course it may come as a surprise to you to be asked to participate in this venture. This is precisely why you are being asked to do so! My request is that you take all the tests as a member of a "control group" so that we can eliminate changes due to (a) chance (b) filling in the questionnaires.

The commitment would be as follows:-

- (a) A session in the Speech Room lasting approximately 1½ hours during which you would be asked to respond to some taped pastoral interviews.
- (b) The completion of some tests and questionnaires in your own time which might take a further 1½ hours.

We would hope to repeat this procedure again towards the end of April.

Some further information may enable you to decide to take part:-

- (1) The project has been designed in collaboration with Dr. Alastair Campbell of New College and Professor Henry Walton of the Department of Psychiatry who has conducted similar research in the field of medical education.

Continued ...

- 2 -

- (2) A maximum degree of anonymity will be maintained by assigning each participant a code number.

If you wish any further information please do not hesitate to contact me either at WGH or at my home in the evenings (Tel. 552 4275). I am sure Dr. Campbell would also be willing to give you further details.

If you feel you can take part, I would be glad if you would return the attached slip to me by November 10th (it may be sent by internal mail). I will contact you again as soon as possible after that.

Yours sincerely,

Rev. D. Lyall

Appendix VI (c)

The Revd. Dr. Alastair V. Campbell  
The Department of Christian Ethics  
and Practical Theology

University of Edinburgh  
New College,  
The Mound,  
Edinburgh,  
EH1 2LX

Our ref: AVC/MCL

Tel. 031 225 8400

29th October, 1976

Dear

You will find enclosed a letter from the Revd. David Lyall, the Chaplain of the Western General Hospital and a part-time Lecturer in this Faculty, asking for help in his research into theological education in a clinical setting. May I ask you to give this letter very serious consideration. I believe that it is important that we begin to make some objective assessment of the education we are offering at New College. If you can spare the time to participate you will undoubtedly be doing a good service to future intakes of students.

If you are uncertain about participating, please do not hesitate to come to see me in order to discuss it.

Yours sincerely,

Dr. A.V. Campbell



Appendix VII (a)

Code No.....

HOSPITALS RESEARCH PROJECT

## GENERAL INFORMATION

1. Age ..... 2. Sex .....
3. Married/Single No. of years married .....  
No. of children .....
4. Country of origin .....
5. Degrees and qualifications (Please specify any specialisations such as Honours)
6. Religious Denomination .....
7. (a) Previous Occupations (If any, exclude vacation employment)  
(b) Have you ever worked in a hospital? (e.g. during vacation)
8. Which branch of church work do you intend to enter (Circle one or more)  
Parish minister    Deaconess    Missionary  
Theological Teacher    None    Special Chaplaincy (specify)  
..... Other (specify) .....
9. Church Experience  
(a) Baptised as child/adult (please circle)  
(b) "Confirmed" at age ..... years  
(c) Tasks performed in local church (e.g. elder, S.S. teacher) please specify  
(d) Other relevant church experience
10. With what particular theological position (or one theologian) would you most clearly identify yourself?

11. Do you have any near relatives who are closely connected with a health profession (e.g. father a doctor, wife a nurse - please specify)
12. Have you any personal experience as a patient in hospital (please be as specific as you feel able)
13. Experience in Psychology, psychiatry and pastoral counselling.

(For (a) - (e) be as specific as you feel able - if none write "NONE")

- (a) Lectures, conferences
- (b) Personal analysis or other personal experience of psychological treatment
- (c) Experience in counselling of individuals
- (d) Experience in group work
- (e) Other relevant experience
- (f) Reading in Psychiatric or Religious Counselling (Circle one)

None      Some      Fairly extensive      Very extensive

Appendix VII (b)

C. COUNSELLING ASPECTS OF YOUR VOCATION

1. At what age did you come to a definite decision regarding your vocation? .....
2. Since then have you ever had doubts that it was the right vocation for you?  
Considerable doubts .....Some ..... None .....  
If so, what alternatives did you consider?
3. In your experience so far in your vocation, do you feel you have had easy relationships with people with whom you have been in a helping relationship?
4. It is often said that a minister is limited by other people's conceptions of what he should be or do. Have you ever felt limited in this way?  
Yes/No. If so, How?
5. (in the questions which follow your views of your work as counsellor are asked for. "Counselling" refers to that part of your job which involves talking with one other person in your professional capacity as a clergyman, with a view to helping him with some problem. Try to answer from your own experience as much as possible. Where you have not had experience of a particular situation, answer in any case, imagining as best you can what you would have done)
  - (a) The following descriptions of counselling roles were suggested by a group of theological students:-
    - A. Offering practical assistance referring to appropriate helping agencies, etc.
    - B. Listening sympathetically and showing one's understanding.
    - C. Eliciting facts of situation by tactful questioning.
    - D. Giving relevant Christian Teaching.
    - E. Reassuring and comforting.
    - F. Making clear one's own views of the moral issues involved.
    - G. Making intercessory prayer with the person.
    - H. Helping the person to find his own answer, or come to his own decision.
    - I. Communicating the Christian Gospel in the person's own terms.

Below are listed several possible counselling situations. Please indicate which two descriptions of counselling role from the list given most, nearly describe what your role would be, by putting the appropriate letters in the spaces provided (e.g. A., E.). You may wish to use only one description (e.g. B.). If you feel that none of them is at all an accurate description of what you would do, then you may write in your own description in the appropriate space:-

Marriage difficulties .....  
 Bereavement .....  
 Potential suicide .....  
 Teenage sexual problems .....  
 Religious dilemmas .....  
 Seriously ill persons .....  
 Alcoholism .....  
 Choice of career (Teenagers) .....  
 Homosexuality .....

(b) Which of the role descriptions in (a) do you consider the best general description of what you do in all situations? (You may write in your own description if none seems appropriate).

6. How would you describe the uniqueness of the clergyman's counselling role as opposed to that of the psychiatrist or social worker? Is it to be distinguished by the types of problem handled, or by some other factors?
7. You are at the beginning of a course in Pastoral Care and Counselling which includes supervised fieldwork in a clinical setting. A recent study of the literature on clinical training has isolated the following eight goals. You are asked to rate the goals in order of importance (from 1 - 8) according to the expectations which you bring to the clinical component of the course.

My expectations of supervised fieldwork in a clinical setting are that through participation in such training I will gain:-

	<u>Goal</u>	<u>Ranking</u>
I	A better understanding of people and their emotional and spiritual strengths and weaknesses	.....
II	An opportunity to work with members of other helping professions	.....
III	A way of integrating theological and psychological understanding of man	.....
IV	A way of learning some techniques of pastoral care and counselling	.....
V	A better understanding of myself	.....
VI	A significant encounter with human suffering and a greater empathy for such suffering	.....
VII	An increased ability to handle the threatening and emotional situations which may be experienced in pastoral work	.....
VIII	A deepening of my commitment to the service of God and man	.....



COUNSELLING STUDY: EVALUATION FORM (PRE-TEST)

Your reactions as subjects participating in the study are asked for in this form. This will help improve future versions of it.

1. Questionnaires (Personal Interests, Social Attitudes etc. Tick one or more.
  - (a) I found them interesting and enjoyed completing them .....
  - (b) I could not see much point in them .....
  - (c) I found them irritating .....
  - (d) I felt I knew "what they were after" and answered accordingly rather than the way I really felt about the questions .....
  - (e) I often felt that both alternatives missed my own attitudes and interests .....

2. Video-taped Interviews

I found I was able to "participate" in the interviews

- |               |       |
|---------------|-------|
| very well     | ..... |
| fairly well   | ..... |
| only a little | ..... |
| hardly at all | ..... |

3. Taped Interview Tests

- (a) The taped interviews sounded -
 

very authentic	.....
quite authentic	.....
rather staged	.....
very staged	.....

Any other comments

Appendix VII (d)

A. Theological Education in a Clinical Setting

You are now approaching the end of the academic year. Whether you have been undertaking a clinical placement or whether you are a member of the Control Group, you are asked to respond to the following questions. Some are the same as in October, while others are slightly changed.

1. What branch of Church work do you now hope to enter?  
(Circle one or more)  
  
Parish Minister      Deaconess      Missionary  
Theological Teacher      Special chaplaincy (specify)  
..... Other (specify) .....
2. What courses have you undertaken during the past academic year?
3. What practical work of a pastoral nature (if any) have you been engaged in over the past winter, e.g. Student attachment?
4. (In the questions which follow, your views of your work as counsellors are asked for. "Counselling" refers to that part of your job which involves talking with one other person in your professional capacity as a clergyman, with a view to helping him with some problem. Try to answer from your own experience of a particular situation, answer in any case imagining as best you can what you would have done)
  - (a) The following descriptions of counselling roles were suggested by a group of theological students:-
    - A. Offering practical assistance referring to appropriate helping agencies, etc.
    - B. Listening sympathetically and showing one's understanding.
    - C. Eliciting facts of situation by tactful questioning.
    - D. Giving relevant Christian Teaching.
    - E. Reassuring and comforting.
    - F. Making clear one's views of the moral issue involved.

- G. Making intercessory prayer with the person.
- H. Helping the person to find his own answer, or come to his own decision.
- I. Communicating the Christian Gospel in the person's own terms.

Below are listed several possible counselling situations. Please indicate which two descriptions of counselling role from the list given most nearly describe what your role would be, by putting the appropriate letters in the spaces provided (e.g. A., E.). You may wish to use only one description (e.g. B.). If you feel that none of them is at all an accurate description of what you would do, then you may write in your own description in the appropriate space:-

- Marriage difficulties .....
- Bereavement .....
- Potential suicide .....
- Teenage sexual problems .....
- Religious dilemmas .....
- Seriously ill persons .....
- Alcoholism.....
- Choice of Career (Teenagers) .....
- Homosexuality .....

(b) Which of the role descriptions in (a) do you consider the best general description of what to do in all situations? (You may write in your own description if none seems appropriate)

- 5. How would you describe the uniqueness of the clergyman's counselling role as opposed to that of the psychiatrist or social worker? Is it to be distinguished by the types of problem handled, or by some other factors.

6. (Need not be answered by "Control Group")

You are now approaching the conclusion of a course in Pastoral Care and Counselling which has included supervised fieldwork in a clinical setting. A recent study of the literature on clinical training has isolated the following eight goals. You are again asked to rate these goals in order of importance (from 1 - 8) but this time according to what you believe you have gained from the clinical component of the course.

I believe that from the supervised fieldwork in a clinical setting I have gained.

	<u>Ranking</u>
I. A better understanding of people and their emotional and spiritual strengths and weaknesses	.....
II. An opportunity to work with members of other helping professions	.....
III. A way of integrating theological and psychological understanding of man	.....
IV. A way of learning some techniques of pastoral care and counselling	.....
V. A better understanding of myself	.....
VI. A significant encounter with human suffering and a greater sympathy for such suffering	.....
VII. An increased ability to handle the threatening and emotional situations which may be experienced in pastoral work	.....
VIII. A deepening of my commitment to the service of God and man	.....

Appendix VII (e)

Code No.....

EVALUATION FORM (Post-Test)

1. Video-taped Interviews

I found I was able to "participate" in the  
interviews

very well .....

fairly well .....

only a little .....

hardly at all .....

2. Audio-taped Interviews

The tapes sounded

very authentic .....

quite authentic .....

rather staged .....

very staged .....

3. Any other comments



## Appendix VIII

### Introduction to Video and Audio Tapes

This part of the experiment involves viewing and listening to a set of tape-recorded interviews. Two of the interviews are on video tape and two are in sound only. The video tapes are recordings of role-play situations in which ministers conduct interviews, in the first with a woman in hospital, and in the second with a young woman in his vestry. (They are in fact entitled 'Hospital Chaplain' and 'Vestry Hour').

The 'sound only' recordings were obtained somewhat differently. In this case, ministers have written down immediately after an interview the detailed narrative of the conversation as far as they could remember it. These narratives have been spoken on to tape by people with acting experience from the Edinburgh University Dramatic Society. It was aimed as far as possible to re-create the actual situation without over- or under- dramatising it in any way. This material is authentic and nothing is fictitious except the names of the people involved.

Obviously it would have been better to have live recordings of interviews but equally obviously these are virtually impossible to obtain. Within the context of our ecclesiastical culture, a minister cannot conduct an interview with a Bible in one hand and a tape-recorder in the other.

While you are watching or listening to these interviews, I want you to imagine that you are conducting the interview. This person has come to you for help, and you have to respond to what he or she says and decide how to set about helping him. In order for you to participate in the interview I will be stopping the tape at various points so that you can respond to the person interviewed as though he or she had been talking to you.

Let me now explain the procedure in more detail (hand out answer sheets). When I stop the recording machine, I shall be asking you the question "What would you say or do?" followed by a number. You will then write down on the answer sheet in the space corresponding to the number the response which you would have made. You will see at the top of the first sheet some examples of the types of things which you might write down. Spoken responses should be written out as you would have said them, e.g. "Could you

explain a little further?" or "Mmmh." Any gestures, facial expressions, actions on your part should also be indicated, and the description enclosed in brackets to distinguish them from spoken responses. If you would have made no response of any kind, indicate this by writing 0 (nought) in the space. Please do not leave a blank space. You can of course use a combination of responses, e.g. 0 to indicate no spoken response plus a description in brackets of a gesture or action. If you find you have lost touch with the recording because of the inability to hear, or for some other reason, please indicate this in the appropriate space.

Each time the recording is stopped there will be a pause of approximately 30 seconds. This gives you ample time to write down your response. Please write legibly!

There are three further points in conclusion which I should like to emphasise.

1. There are no 'right' or 'wrong' answers. Try to relax as much as possible and write down what you would have done not worrying about how clever or correct it is.
2. The fact that the tape is stopped does not necessarily mean that you have to make some response. It may well be that you feel an interruption is uncalled for at this moment and so a nought is as valid an answer as any other.
3. You are not to imagine that the interviewer in the tape recording is a model which you have to follow. You may, or may not, agree with the way he is handling the interview. If after you have written your response, he then comes in with a radically different one, this does not mean that you have made a blunder. Obviously you are somewhat under the control of the taped interviewer since his replies will determine the way the interview goes. Whilst yours will not affect it in any way, but allowing for this frustration try to make it your interview as much as possible.

Are there any questions?

We will now start the video tape.

	PERSONALITY TEST SCORES						SIMULATED COUNSELLING RESPONSE TEST SCORES																																
	WPAI			EPI		OPI	PRIMARY CATEGORIES									COMBINED CATEGORIES			QUALITY OF RESPONSE CATEGORIES																				
	Con.	Real.	Mil-Pun	Ant-Hed	EthnoC.	Rel.	N	E	L	CO	TI	S	FR	FE	IS	TG	VE	OI	M	Q	IF	D	I	C+	C-														
PS1	54	24	16	21	6	12	5	11	4	10	23	7	8	18	10	4	13	5	5	1	2	2	2	0	1	25	18	11	20	22	23	1	3	27	35	16	19	2	3
3	38	15	9	15	4	11	8	12	2	13	37	14	17	0	7	7	7	4	2	7	4	0	1	0	0	14	24	11	10	7	14	7	4	28	19	9	7	12	4
4	26	21	6	7	2	7	7	9	1	16	48	8	10	10	9	5	13	4	4	6	1	2	0	4	2	18	19	11	17	15	22	10	3	38	35	16	28	9	1
6	24	26	6	9	11	4	9	11	3	10	41	7	13	15	6	4	7	4	2	2	0	0	0	3	0	22	19	8	9	9	13	5	0	33	28	25	33	2	1
7	39	15	10	19	6	13	3	16	1	14	31	12	9	3	12	4	10	5	5	5	2	0	0	10	3	15	21	9	15	7	22	15	5	40	38	9	22	25	1
8	49	24	16	16	8	12	11	15	1	6	20	7	6	12	7	6	10	5	5	4	5	2	0	5	9	19	13	13	15	18	17	9	4	44	22	25	11	7	11
9	40	24	6	18	4	14	8	13	3	14	27	12	12	6	1	9	7	5	4	2	1	1	1	6	11	18	13	15	12	15	8	8	12	34	40	6	6	10	21
13	29	21	4	18	8	8	11	12	1	16	40	9	9	11	16	8	9	1	4	0	1	0	0	2	0	20	25	9	13	19	25	2	1	28	36	26	29	1	1
14	54	22	16	18	8	12	9	11	3	10	36	0	0	0	10	0	11	21	11	9	1	0	1	0	4	0	10	21	23	0	21	9	5	46	49	2	22	41	26
15	40	27	7	10	11	10	14	9	3	*5	16*	5	2	3	5	10	11	4	12	1	1	0	1	0	1	8	7	14	24	13	16	1	2	24	32	8	9	2	7
III/1	53	18	16	18	9	10	5	7	3	8	37	3	2	7	6	5	12	7	1	7	9	0	0	9	8	10	8	12	13	12	18	16	17	52	47	14	9	15	14
2	45	20	10	14	4	13	6	11	4	11	45	12	4	7	15	5	7	7	6	3	6	0	0	4	3	19	19	19	13	12	22	7	9	33	44	23	38	7	0
3	31	18	1	16	5	13	18	12	2	17	39	10	4	10	10	7	20	4	4	3	1	0	0	3	1	20	14	11	24	17	30	6	2	36	40	27	24	0	4

C/1	58	22	13	19	9	14	5	11	5	12	29	4	6	5	6	4	9	4	2	8	15	0	0	10	8	9	12	8	11	9	15	23	18	66	56	6	8	22	17
2	35	12	9	18	4	11	4	12	1	12	46	18	22	2	4	5	1	6	5	4	6	0	0	3	2	20	26	11	6	7	5	7	8	28	24	14	7	6	6
3	44	25	13	16	7	12	15	11	1	15	29	8	4	1	3	3	3	4	5	8	8	0	0	12	13	9	7	7	8	4	6	20	21	54	70	3	4	27	42
4	40	36	12	12	6	6	12	10	4	7	29	7	3	3	4	11	14	5	3	5	7	0	2	6	8	10	7	16	19	14	18	11	15	43	57	5	5	9	20
5	54	12	12	20	8	14	15	13	4	5	37	1	1	1	3	5	2	10	7	8	8	0	3	11	12	2	4	15	12	6	5	19	20	59	63	4	7	30	18
7	31	26	10	9	5	5	9	10	5	8	49	4	4	9	4	5	8	3	6	5	6	0	2	13	8	13	8	8	16	14	13	18	14	66	46	15	17	19	13
8	27	19	1	12	3	6	6	11	3	15	49	7	2	10	8	12	16	4	6	6	6	0	2	8	6	17	10	21	15	27	24	14	12	46	54	24	12	4	12
9	25	17	2	13	4	2	9	7	4	12	28	6	8	7	7	15	13	5	3	5	2	2	4	3	4	13	15	16	18	22	20	8	6	51	38	18	13	6	10
10	30	17	4	17	3	2	10	6	4	16	58	13	4	3	9	16	9	5	8	1	2	1	1	1	1	16	13	22	19	19	18	2	3	37	38	12	10	3	2
11	32	16	6	10	3	17	18	3	3	26	60	8	3	5	4	10	6	2	6	6	0	1	5	6	10	13	7	13	17	15	10	12	10	46	46	13	10	7	15

KeyWPAI

Con. = Conservatism

Real. = Realism

Mil-Pun = Militarism-punitiveness

Anti-Hed = Anti-Hedonism

EthnoC = Ethnocentrism

Rel. = Religion-puritanism

EPI

N = Neuroticism

E = Extraversion

L = Lie Scale

OPI

CO = Complexity

TI = Thinking-Introversion

Primary Categories

S = Silence

FR = Feeling Reflection

FE = Feeling Exploration

IS = Information seeking

TG = Theological Guidance

VE = Value Exploration

OI = Others (inc. Interpretations)

Combined Categories

Minimum Response (M) = S + FR

Questioning (Q) = FE + IS + VE

Interest in Feelings (IF) = FR + FE

Direct Guidance (D) = TG + OI

Quality of Response Categories

I = Initiative

C+ = "Warmth"

C- = "Coldness"

\* Questionnaire incomplete  
computer programmed for  
"missing values"

## Appendix X

### Scripts of Tape-Recorded Interviews

(Numbers indicate stopping places)

#### A. Hospital Chaplain (Video Tape)

(Mrs. Gourlay lies in a hospital bed; the chaplain approaches and sits by her bed).

C1 Hallo Mrs. Gourlay

P1 Hallo

C2 And how are you today?

P2 Not so well today.

C3 How long have you been here?

P3 3 - 4 months now.

C4 As long as that.

P4 Yes.

C5 Mm, were you in another hospital before you came here?

P5 No I came straight here.

C6 And you haven't been very well since you came in?

P6 No not very well. Sometimes its not so bad but I'm afraid it is quite serious now. (1)

C7 Yes, did you have an operation at any time?

P7 Yes, I did have one at the beginning.

C8 And how long ago was that?

P8 It was 3 months ago.

C9 Three months ago. And have you had a great deal of pain during this time?

P9 Yes, some but the doctors are very good they help.



C10 ... yes I know - they can give you quite a bit of sedation and it does get you over this I realise that too. I suppose you've found that everybody has helped you tremendously here.

P10 Yes, they have, very kind, very good.

C11 Were the doctors able to re-assure you? Have they been able to give you help?

P11 No, no, and I don't think I'll get better at all. (2)

C12 Have they actually spoken to you in those terms?

P12 Yes they did ...

C13 ... they have. I see ...

P 13 ... the doctors told me.

C14 Yes, yes and I suppose, of course that the other people know about this, does your husband, does your husband know.

P14 My husband, my husband does know but we don't talk about it. (3)

C15 I see, yes.

P15 I know he knows.

C16 How do you find that the other patients react in the Ward and the staff? Do they seem extra helpful?

P16 Very kind, oh very kind.

C17 And this is a kind of support, you find they help you and strengthen you in this way?

P17 Yes, I think so. I still worry an awful lot. (4)

C18 I'm sure you do. I'm sure you do.

P18 What's going to happen.

C19 Yes, tell me, your husband knows and yet you don't speak very much about it, is there no way through, you find it extraordinarily difficult just to mention the very thought.

P19 Yes, I do because he gets so upset, I know it upsets him to talk about it.



C20 Yes.

P20 And I don't really know what he is going to do with the children, what is going to happen to them. (5)

C21 Well you are so concerned about this and very much more, yes I understand that too. You must feel though that it would make a great deal of difference if you could speak about it in an open way and surely there is so much that you want to discuss with him. Perhaps I could be of help in this, in speaking to him.

P21 Well, yes, yes, I would like too if you could but I - also my son, I would like someone to speak to him about it because it is very difficult.

C22 I will try to visit them both. Yes and go to your home. How old is your son?

P22 He is 13.

C23 Is he really. Yes and he must feel very strange and sometime embarrassed when he comes into a hospital ward, wondering whatever is going to happen to you.

P23 I don't really know if he knows. I think he knows. (6)

C24 And probably because you see your husband is well, he must be acting, shall we say strangely sometimes, and he probably realises things. Isn't so curious that when you mention this that when things are open like that, there should be an opportunity to engage in the deepest kind of conversation because so often its never mentioned and often they think about the patient never really knowing how serious the condition is, there must be a way and I shall do my best to try and open this up for you both.

P24 Yes, and I wish he could ... I wish I knew what was going to happen to the children after, you see it is not just the boy, he's ... I think he will be alright, but it is my little girl she is mentally handicapped and I don't know what is going to happen to her, who is going to look after her, and what's going to happen

to her, who's going to look after her ...

C25 Yes, yes.

P25 I mean just when she is .... she is now ... she's happy now. What's going to happen ... to go to strangers to look after her. (7)

C26 How, exactly have you the arrangement in your family, do you have, say, your parents living or ... other members of your family.

P26 Oh my parents are living and yes, they would of course help, but they are old and I mean - what is going to happen in the future?

C27 Yes, well I think that it is so important that you should be able to discuss this openly with your husband and it's absolutely necessary ... it's going to be a tremendous relief for you and a tremendous peace of mind if you can be sure and settle on this.

P27 Yes, I mean I don't know what happens when you die, I don't really know, whether ... you see I don't really believe strongly enough in God that he will ... he is going to look after the family for me, I feel that I've got to do it, I've got to be there.

C28 Yes, because so much depends on a mother.

P28 Yes, I don't know ...

C29 Tell me ...

P29 If I could just believe that everything would be alright. (8)

C30 Do you have actual connections with the church, have you been a member of a church.

P30 I have been a member.

C31 Yes, For a long time?

P31 Well I ... when I ... I've grown up in the church.

C32 Yes.

P32 It was after my little girl was ill that I sort of didn't ... I started not really believing so much. (9)

- C33 Yes, yes. you felt of course that something had happened to her that was quite outrageous if you believed in a God who was loving and merciful.
- P33 Yes, yes.
- C34 Did you have any chance to speak about this to a minister?
- P34 No. I didn't want to. (10)
- C35 Is your husband a person, would you say, of strong faith?
- P35 Yes.
- C36 Was he able to support you and help you at that stage in your life.
- P36 No, I think his faith has got stronger since the and he ...
- C37 ... that he really felt, yes I see, this is so remarkable how it can influence people in different ways, and you so closely attached of course to your daughter, you thought that there was something utterly wrong that this should happen to her.
- P37 Yes. I don't see why ... there's no reason for it. (11)
- C38 Yes, it happens so often but is is personal to you and in that, of course, it is understandable, what happens to other children you feel for them but this comes directly home.
- P38 Yes.
- C39 And yet, of course, you probably realise children like that are very much the concern of God, and it is not his will that they suffer in this way ...
- P39 ... well then why do they ... why is there so much suffering. (12).

C40 It's a very difficult and involved question isn't it, and yet we hold on to our essential basic faith in these things, that in spite of all this, this world, which God created, which so much has gone wrong with it, yet we believe that God always in the end helps and succeeds in saving us. It is a tremendous task of faith to believe this and it is also too in your particular case a tremendous demand on your faith just now, and yet I suppose at the same time you only (wish) that you could believe that.

P40 Yes I do, because I can't ... sometimes I think I do believe it and at other times... I think of all the things that go on in the world ... and I think there isn't anyone who cares. (13)

C41 And yet of course throughout your life there have been people caring and your life as a mother, as a christian has been, of course, in so many ways caring, you have helped people as well, of course as other people helping you, and perhaps if you reflect on this ... and you must reflect very deeply on it now, this has been going on all the time, it hasn't stopped and if I could help you to understand this I'm sure it would give you some strengthening of your faith. If only you could believe that it is of course a tremendous thing and demands a great deal from you.

P41 I try but I really don't see how I can ... (14)

C42 When was your little boy able to see you last.

P42 Well a week ago.

C43 And what did he talk about when he was with you.

P43 He didn't talk much at all, really - he didn't try.

C44 What kind of things interest him. What does he like to do.

P44 He reads a lot.

C45 Yes

P45 He is musical

C46 Does he take after his mother or after his father?

P46 I don't know, a bit of both.

C47 Mm Mm, and what do you think he would like to be when he grows up, or has he got to that stage.

P47 I don't know, he doesn't know either.

C48 Does he have any kind of contact with the church, does he go to a Sunday School?

P48 He has, he has and this is what I'm hoping that he'll be helped ... get help ... because he does... I think he has faith.

C49 And he will be able to grow, yes, in that faith.

P49 Yes.

C50 This is perhaps something which would be much on your mind just now, you will be concerned now, of course, for the welfare of your children as well as your own preparation and I think that this perhaps is the thing which is uppermost in your mind. And yet if you can be sure that you are enabling him to live that kind of life and not to lose his young faith you will be just as pleased and relieved about that as making provision for his education and his home life and so on.

P50 Oh yes, yes.

C51 Perhaps, of course, in the other way too he is going to be a tremendous force in helping your husband too, and this is I think what you very much want to happen.

P51 Yes, yes. I think they could help each other, mainly.

C52 Has your own minister been able to see you, has he been able to come in.

P52 He has come in but I don't know him very well... I never had much to do with him really.

C53 It's not easy to speak about deep matters really.

P53 No.



- C54 Not to everyone. Do you really believe when you speak about your faith, that when God is love and you want to believe very much that he loves you, even to the end, do you go on to believe that even at death we shall know God and be united with God, have you ever thought about that in the past?
- P54 I've thought about it but I get so mixed up and I sometimes think there was nothing there at all.
- C55 Yes.
- P55 Life will just come to an end and it is all imagination all this feeling that there is a heaven or a hell, I don't know I just don't know. (15)
- C56 Did you have the experience actually when say someone died that you thought about deeply at the time and did you have any clearer idea about this.
- P56 You see no one near to me has ever died and I don't know.
- C57 Does the actual thought of death really frighten you, is it something that frightens you or is it just a kind of, well the end of the road and nothingness.
- P57 It doesn't frighten me , I'm not frightened ... I'm not frightened of dying, I'm not even very frightened of the pain.
- C58 Yes, yes.
- P58 But I'm frightened when I think of the family and .. and feel guilty about all the things I've done, that I shouldn't have done. (16)
- C59 What are the things that really trouble you in that respect. Can you think of anything that really seriously worries you?
- P59 Well, it is just little things and saying things to people that I knew would hurt them.

- C60 Do these things come back to your mind now, do you remember many things?
- P60 ... no, sometimes I think.... I never. I never assured people how much I loved them, my parents and the family. (17)
- C61 This must be very true.
- P61 I've never shown them how much ...
- C62 And yet, of course, it must be some circumstance which is quite critical that brings us to this point. I think we always reflect on how we've ignored - you know - people and not shown them real love and affection, and yet, of course it is some situation that really brings us to the point when we can say what we believe, perhaps God in working through this situation is enabling you now to prepare to do this, and I think it is something you very much want to do. Would it be too much to say that in these coming weeks or months, you would be able, with your husband, and your family, to show them the very depth of your love and to be really convinced how much you need and depend on one another. It would be a comfort perhaps to be able to express this.
- P62 It would be a comfort but I don't know I can't seem to start talking like that ...
- C63 ... and yet perhaps if you could only just get over the initial embarrassment and upset, if only it could come - you know - flowing freely - you would be able to do this, and this I think is what you must try to prepare for. If I can help and see your husband and your son, then I think we may be able to make this possible.
- P63 Well, if you would try - they might be able to speak to you, if you could.

C64 It is good of you to allow me to do this, because, of course we don't know each other very well, it is also good of you to be able to confide in this way. But I suppose really ... as a minister of the gospel you really want me to say just exactly what I believe in this matter.

P64 Yes I do.

C65 Sometimes ministers are evasive and you sometimes wonder what they do believe. The main thing - and yet, of course, I say this in spite of all that happens, is that I do believe God is Love and that his mercy extends over all his works. I say this in spite of all the horrors and evils and pain and disease that goes on in this world. And yet I do believe that at the heart of the faith the resurrection is the key and if there is one thing about anything I believe it is that God speaks through the resurrection and enables us to believe there is such a thing as being joined with Christ in heaven, and it makes, of course, a tremendous difference to our faith if we can only hold on to this. It is so difficult and yet if you could just keep this in your heart as a promise I think that's perhaps all that we can do in life, there are some things that we can hold on to and some things some times that we are not very sure of. If we could really believe just believe in that promise, then I think we could get and would certainly receive the wonderful peace that He has promised to us. I hope very, very much to be able to see you again soon, and although I must say that we haven't known each other very well yet I feel that we have come together and it would be a very great privilege to do what I promised.

P65 I would want to believe ... I want to be able to think. (18)

C66 ... I I am sure that when we want to do this, it is the one essential prayer that is answered and it is at a time like this when all other things seem very small don't they and there is one thing that burns within us, and because I believe it is true, your prayer will be answered. Could I say a prayer before I leave.

P66 Yes ....

C67 Most gracious God we ask thee to bless thy servant, to bless all those who minister to her need here in this hospital, but above all to bless her husband and her family, Oh, strengthen and support her. Grant that thy peace and thy strength may be ever with her and when she prays thou wilt be gracious to hear it. So grant unto us all the knowledge of thy truth and thy peace may be in our hearts, now and always, Amen. God bless you. And I look forward to seeing you soon.

P67 Thank you

C68 And I will go and see your husband and your son, and your daughter.

P68 Thank you.

#### B. Vestry Hour (Video Tape)

Narrator: Elizabeth Simon is a student in the Ministers Congregation who has come to see him after failing her exams. She has explained that since staying at home she has got very depressed, feeling that she simply can't cope and that she will never manage to pass the examinations if she tries to sit them again. We pick up the interview at this point.

P1 You know I didn't really.

M1 You didn't really make friends with anyone of them in particular.

P2 No, not in a way that I could ... um ... the point is I did meet one or two boys.

M2 And how did you get on with them.

P3 Well I did go out with somebody for a while and got emotionally involved with him but he didn't bother with me and - (1)

M3 - He did not respond.

P4 No. And it is just that -

M4 And are you still going with him or has he given up seeing you?

P5 He has given up seeing me, yes.

M5 And was this before your exam?

P6 Yes, and I think this is obviously part of the trouble, it spoiled my concentration and so on.

M6 Yes.

P7 And even at that I think you could feel that was a particular situation but I don't think it was, I mean I think this just generally happens to me, I just don't think I am successful at anything. (2)

M7 You feel you are a complete failure.

P8 Yes.

M8 And now there are a lot of people haven't got the length you have got, you've got your highers, you've got an entrance into University, how did you do in your class exams?

P9 Not very well.

M9 You never did very well.

P10 No. ... because I wasn't ...

M10 Would you say that you didn't do well because you couldn't do well or because you gave up the ghost too soon.



- P11 Yes... possibly ... because I have experienced -  
it's the way it's always been you know, I have  
managed to struggle through in school, but -
- M11 You just always struggled through.
- P12 Yes, you see the thing is both my brother and sister  
were older you know, they managed to -
- M12 They've done quite well haven't they?
- P13 Yes
- M13 And does any one keep telling you this - they've done  
so well.
- P14 Yes, in fact my father gets very annoyed at me failing  
exams because he was very good - he never failed an  
exam in his life, sort of thing and - (3)
- M14 They were easier in those days.
- P15 Yes, possibly.
- M15 At least that is what I think when I look at them now,  
I would be the first to agree that I would not have got  
on - yes and is he always kind of annoyed - well what  
would you say - we must be fair to him - does he always  
kind of bring this up.
- P16 Yes well, they bring it up in the way they ask questions.
- M16 "How are you getting on", "What have you done now",  
it is irritating.
- P17 This is why I've got to stay at home next year and  
I don't want to because of the pressure around me. (4)
- M17 Yes, could you not go away?
- P18 Well, I'm dependent on them financially, that's the  
trouble.
- M18 Could you take a job?
- P19 Yes, but I mean I don't know where to live for one  
thing... because ...
- M19 What were you going to do, what was the career you had  
in mind.

- P20 Well, I wasn't sure ... I had gone in for Arts and I like reading and that sort of thing and had not thought about anything because I just don't know what I am good at.
- M20 Do you do much good at sports?
- P21 No.
- M21 No, not at all and really would you say you took much exercise.
- P22 No, possibly not ... I mean with sports it is the same thing as the other things I am just not good at them, you know ...
- M22 You don't get medals or get the cups.
- P23 Yes, I just sort of ... at hockey in school I just sort of stayed at the back of the pitch and everytime the ball came near me I ran.
- M23 Away. Well and are you a member of any clubs, yes.
- P24 Yes I was a member of the SCM actually (at school) in university but I don't know it gets kind of cliquey and I find it difficult ... (5)
- M24 The SCM that you were a member of ... you went to their meetings.
- P25 But it didn't seem to ... I mean you would go to a meeting and hang around and then go away and that's it, I mean ... everybody around there knew each other very well.
- M25 You never thought you were quite in the clique.
- P26 No... that's why if I went away I mean I would be ... it would be lonely because I don't have any friends I could go and share digs with or something like that.
- M26 No. Have you any hobbies at all? Anything you would like to do, suppose you could wave a magic wand what would you do? Would you go abroad and look after children for a year?

- P27 No.
- M27 Are you interested in children.
- P28 Well I don't know, I don't know any.
- M28 No. And you mean of course to study, don't you, during this time, you'll have to read up and study.
- P29 Yes, yes. The thing is you see, I thought when I went to University, well I was shy at school, and I thought people often say some people are shy at school and then they come out at University, you know, well I didn't come out and I felt that what I was doing was good, you see I like doing essays and things but I did not get good marks, I did get good marks for essays in school but I did not get it in University, nor particularly.
- M29 Do you feel you did not click at University life, you did not get their wave-length.
- P30 Yes, I mean I wanted to be a kind of, reasonably successful academically I mean, because everybody else in the family has been ... (6)
- M30 Yes they have all been quite good.
- P31 It is just the only thing that I had thought of being ...
- M31 Was an academic.
- P32 Yes.
- M32 Mm, Mm, what other problems do you think you have?
- P33 As I say, it is a social thing, I mean, my sister she was head-girl at school and you know she was sort of bright and a person who got in contact with people initially.
- M33 Yes, yes, yes, I know but I think you have some qualities too wouldn't you say? Ugh?
- P34 Well I have the ability to, well I have been able to come and talk about myself here.

- M34 Well this is a start may be. I would like to see you, um I don't know, but I would like to see you maybe for a year try something quite different, what about that? Something quite different. Something maybe less academic, how about that? Now what age are you?
- P35 It's not really what I want to do.
- M35 It's not really what you want to do, well what age are you? This is an indelicate question.
- P36 19.
- M36 19. Now Elizabeth I would like to probe this a little more because I think you have been quite honest and this is a great virtue for a start ... you have been quite honest and you have a good deal of insight into your situation and these two things ... I mean if you go away and just feel firstly that you have been honest and this is a quality, and secondly that you have a good deal of insight into your situation. What about coming back some night when we can have an even longer interview ... up at the Manse, you know itself, when we can talk longer and if you just think of what I have said, maybe you may reject it, fair enough, but just think of what you said .... that maybe this is a year for adventure.
- P37 I don't think so, you see, because I don't think ... Will I just get some kind of a job ... it's all very well to say this. (8)
- M37 Yes of course it is, it is always easy to say things, but you will at least come back, will you. I think we should just fix a time really, what about next Thursday evening, are you doing anything then.
- P38 I don't know I just think at the moment that I feel ... I know very well you'll say that I am perceptive or something.

M38 Yes, I know how you feel but there we will leave it just now because there is these folks at the door but I'll - if you don't come next Thursday I'll phone up and find a better time that do? Because I think this is an important problem and we must try and get it out because there is a lot of value in talking it out at length, I think, but you have got honesty and you have got insight. Well good-bye just now Elizabeth we will see you next Thursday and if you don't come, I'll come after you. Alright. O.K.?

C. Bereaved Lady Interview (Audio only)

(From Casebook in Pastoral Counselling edited by Newman S. Cryer, Jr. and John Monroe Vayhinger. Copyright (C) 1962 by Abingdon Press, pages 67, 68 and 69. (Phrasing slightly modified).

Introduction

Her husband had died four months prior to my visit. It was the first time in several calls that she had been at home without company, and on those occasions I had hesitated to ask her directly about her grief. Six weeks before his death, the doctor had told her that her husband might live twenty years or might go any day. The husband had not been told the seriousness of his disease. Mrs. Jackson is middle-aged, an intelligent and able woman, active in church and community and without financial problems. We exchanged a few remarks at the beginning of the visit before I broached the subject of his death.



Pastor: How has it been with you since John's death?

Mrs. J.: Oh, it hasn't been easy. (She began to cry, and throughout the remainder of the conversation there were considerable tears, or they were close to the surface). But a person has to do her best. (1)

Pastor: You have had courage to go to meetings as you have.

Mrs. J.: Yes, I feel I should. You can't burdern others with your troubles. They all have their own.

Pastor: Yes, we do have a sort of obligation to other people.

Mrs. J.: You now, the hardest thing of all is to go out of the church door after the service. He was always waiting there in the car. And sometimes I look for him, and he isn't there. That last Sunday he said he'd like to go to church, but he didn't know if he could make it up the steps, and I said, no, he shouldn't try it.

Pastor: No, certainly not. (Pause).

Mrs. J.: They've asked me to take part in this fashion show, and I don't know ... I couldn't ... you can't... well, I said I would. (Pause).

Pastor: How was it with him, did he have prolonged pain before the end? (Throughout the succeeding narrative there was pause only for the regaining of control. Twice she arose to walk into the kitchen returning with a fresh handkerchief every time. But the story was never interrupted. I said only an occasional "yes" or nodded).

Mrs. J.: The Lawrences visited us that evening. He felt good all day, he said, and even went down to the garage. We went for a ride in the car. He said he felt better than for a long time. Then we watched his favourite programme on television, and after that he went down to the garage - drove down himself. He said "Oh yes,

I can do it." He told them there at the garage.

"I feel good, I think I'm beating it."

After supper he said "Let's go to the pictures."

"Are you sure you want to?" I said. He insisted he did, and that he wanted to go, so we went. On the way I asked him again if he really felt well enough to go, and he said, "No, I don't feel quite so good as I did". But we kept going and found there was no place to park. I was glad of it. He said "Tell you what, you go to the pictures, I think I'll drive on home. I don't feel so good." "No", I said, "I don't want to go on alone".

So then we went back home, and then the neighbours came over and stayed for about a half an hour.

But it wasn't long after they went that he began to feel it, and said he had quite a bit of pain. (Tears here, and she shook her head, then went to the kitchen and returned). He took two pills, but they didn't help much; still he wouldn't let me call the doctor. "No, he'll just put me back in the hospital," he said. (Mr. J. had been there twice before in recent months). And finally it got worse, and he said, "Well I suppose I might as well go". (Pause and tears).

So we drove over to the hospital, and he put his hand on the seat like he always does, and I put mine over his and we drove over that way. "I'm an awful nuisance to you, Mother," he said. I said, well he was a very comforting one. He rang at the ambulance entrance himself, and he walked right in and said to the nurse, "Well, I might as well stay here" - you know how he jokes. When he got under the oxygen tent he felt better, and we started to talk a while.

Then (fresh outburst, and she left and returned) he started gasping and said "Get me out of here" and reached for my hand, but I had to let go and get the nurse right away. When she came, she checked his pulse - (pause then she regained control) and he was gone, just like that. It was a terrible shock. (2). (Pause for quite a period). He always said he wanted to go when he had to go, like that. (She snapped her fingers twice). Like that, he'd say. There's this old man that goes past here. I saw him again today bent right over. I wouldn't want to see John that way; he couldn't stand it. (3)

Pastor: Yes, it is more merciful, but harder on you perhaps. (Pause)

Mrs. J.: When people come, I always sit in his chair over there then I don't find myself looking for him in it. And at table I sit in his old place; otherwise I find myself reaching out to him. You know I feel he's still with me. (4) (She seemed agitated about this, but after a pause said no more about it).

D. Guilty Soldier (Audio only)

(From Casebook in Pastoral Counselling edited by Norman S. Cryer, Jr. and John Monroe Vayhinger. Copyright (C) 1962 by Abingdon Press, pages 267, 268, 269 and 270. (Phrasing slightly modified).

Introduction

John, who had been becoming more and more confused and frustrated - that was easy to see - knocked at the study door. During the interview that followed, he spoke with obvious feelings of pain. He was almost crying at times.

Pastor: Hello, John! How are you today?

John: Not so good. I called you earlier in the week.

I thought I ought to come down and talk to you for a while.

Pastor: Mmh-huh.

John: I don't know exactly what it is, but I haven't been feeling too well.

Pastor: Something's been bothering you?

John: Well, it's pretty mixed up. Not only home and office, it's all over. I think I know pretty much what it is, though I can't seem to figure it out.

Pastor: Things seem rather confusing? You almost think you know but you're not quite sure?

John: Yes. (Pause) Can God forgive people? (1)

Pastor: I think he can. What do you think about it?

John: I don't know. I thought so once too, but that was before. Now I don't know - I just don't know.

Pastor: You feel worried God won't forgive you?

John: Yes. I suppose I had better tell you. It was five years ago. I've never told anybody this. It's been bothering me so much though, I just had to tell somebody: I killed five men. It was during the Korean War. I was drafted and went overseas right away and I had just been married. One night we were out on patrol, three of us and the lieutenant then we went out on a mission. I was the only one who got back. We started out and everything was okay. We got there and took care of our mission and on the way back it happened. We were ambushed and I sort of got cut off from the others. I heard shots and laid in the grass. They went on by; then I found myself behind the lines and couldn't get back. I wasn't too sure where I was so I just started crawling. Then I saw them:

three pillboxes on one side of the river. The only way I could get them was one at a time. So I did. I crawled up - couldn't shoot - too many - pulled out my knife, bayonet, got all five, one at a time. It didn't bother me much at first, even when I came back from the war. Didn't bother much at all. But then I got to thinking about it. All the time God says "Thou shalt not kill." But I did. I killed - five of them. - stuck a knife right through each one of them. (2)

Pastor: And you have been feeling pretty worried about this since you have come back?

John: Yes. I started sort of worrying more and more all the time. God is supposed to be able to forgive people, but this sort of thing is different. This isn't the same thing as when you preach up there on Sunday morning. You sort of get up and tell about these people. The little things - cheating at business, a heavy finger on the scale, or something like that - but this is different. This is a big business; this is murder.

Pastor: What happened then seems a lot more important to you than the little things we preach about?

John: Not so much the experience of it all, but the killing. I just killed these men. I know, it might have been them or me. Maybe it would have been better if it had been me. I don't know. I've just been waiting, waiting for something to happen. I don't think God can just come out and forgive this kind of thing. I don't know. Just seems - I don't know.

Pastor: Things have been building up inside of you, and you have begun to question God's activity in this?



John: Yes I suppose so. Well, God - He's running the universe you might say. You can't go round killing people right and left without being punished for it. God just doesn't sit there and let you stab people and let you get away with it. In our society just like a man kills somebody, we kill him sometimes. This is almost the same thing. I mean, you take a life. You just don't go out and do this. You say "Well, it's over with, it's a part of the war"; but it's more than that. It's a man you killed. Just like if I killed somebody now, it's the same thing.

Pastor: Then you are wondering now how God can forgive someone who has killed a man?

John: That's about it. I don't know. I've been waiting; I've been hoping, I've even been praying. But I don't think he's forgiven me. He - I just keep worrying. Now I think I'm going to get punished; I don't know. I know he's going to punish me somehow. I don't know how. But I think this is it; this is what's bothering me. I just keep waiting, looking every day. I wake up and I look out and I think, well, maybe today he'll punish me so I can get on with living like I should. But he hasn't punished me. He just keeps me waiting. (3).

Pastor: Waiting for punishment is a terrible threat.

John: Yes. You just don't kill somebody and get away with it. I mean, it's different; it's not like these little things. It's vital, vital to people. You've got to live.

Pastor: Killing is something that would really make you worry. More so than the sort of things we talk about.

John: Well, killing is taking away life.

Pastor: Life seems important to you?

John: Yes. You can't live without life. Without life, what is there? I mean, I live: I've got to live. Why shouldn't the next fella have life? Why shouldn't he be living in the same way? You know - but I, I don't know. When you do something wrong, you have to pay. You just can't forget about it, cast it off, and don't worry about it. You have to pay, God makes everyone pay. (4)

Pastor: You feel that somehow God must have punishment for the wrong deeds men do?

John: I know - I know we preach love all the time. Everybody says all we need is love. God forgives, loves everybody, everything is going to be okay. This is okay. But even with this love, yes God loves us. He loves, he wants us, and everything; but you can't get away with this. There are certain laws like the Ten Commandments. When you break them, sure he still loves you, but then you still have to pay for these bad deeds you've done.

Pastor: So the idea of love and hate is a problem with you in relation to God?

John: God doesn't hate necessarily. But there are certain things when you do something wrong you have to pay for it.

Pastor: Punishment rather than hate?

John: Yes. When you add up numbers, you get so many and that's it. You add up punishment and you get so many and something has to happen. Then you wipe the slate clean. Take for example when I was at home. I remember when I was small, my mother loved me, my father loved me too, and we were happy at home. I used to go out and play and then when they'd call I wouldn't come sometimes. I ... I remember, there's a field behind our house, and we always went out and

played football. This one night I remember, I was out there playing. My mother called me for supper, but I didn't come. I heard her, but I didn't leave the game. I was playing, and it was important that we win. We had the ball; so I stayed there until the game was over. Then when I got home they knew I heard. I got a spanking and went to bed. All they gave me was a glass of milk. It's the same thing with God. You see they loved me too; but because I didn't come home, because I was bad, I broke the laws of obeying what your parents say, I had to pay, I had to go to bed. And the next morning when I got up everything was okay. But he's making me wait. I'm willing to pay, I'm willing to get sick or something, I don't know, but he's making me wait. But the thing is bothering me. I can't wait any longer. I must - somethings got to be done. (5)

Pastor: You feel that you have to be punished by God as you are punished by others; but the waiting for this punishment is bothering you a lot, causing a lot of anxiety? It's the waiting that is important to you now?

John: I don't know when it's got to happen. It's got to happen pretty soon. I mean I've been out of the army now for five years. It never bothered me too much when I first got out. I thought about it; actually I tried to push it to the back of my mind. I didn't want to think about it. I just left it.

Pastor: The thought was rather painful then.

John: Yes - well I didn't think about it. I blocked it out completely.

Pastor: You were hoping with time it would go away; but instead it began to grow larger, it began to be important in your life to see what this is?

John: Yes. (6)

Pastor: As time went on it didn't go away?

John: Got worse. I think what probably brought it back to a head was that last week I was a pallbearer at a funeral. Almost couldn't carry the man; too much. All I kept thinking about was that patrol over in Korea. Kept going back, back. I just don't know what to do. Even at home it's affecting things. The other day my wife and I got talking. Nothing too bad. And I - I just got nervous and hit her. I shouldn't do that; but it was ... oh, I don't know. I just sort of lost control. (7)

Pastor: All of a sudden something exploded that you couldn't control.

John: Yes. Just out of nowhere. It wasn't her fault. I still don't know what to do. Why does he keep prolonging this thing? Get it over with. I just keep waiting, waiting.

Pastor: Waiting?

John: I don't know. I don't know. Even the kids notice it. I heard the little boy, now five, born while I was in the army. My wife was about six months gone when I left, and then he came; I got home to see him right before I left for Korea. And I heard him telling his mother, "What's wrong with Daddy these days? Why is he so cross?" I just sort of tried to forget about it; but he's right, I am cross. This business. I don't know what to do about it.

Pastor: The thinking of punishment is even affecting your home life, the punishment of God?

John: Yes, afraid it does. I just don't know what to do.

Pastor: Just like waiting for something that doesn't come?

John: But it's going to come. I don't know when. But it will come. You can't kill a man and get away with it. God will - God will make it come. But I don't know what to do in the meantime (8)

Pastor: Well, John, I see our time is about up for now.

Let me suggest something. Perhaps you would like to come in to see me, and we could talk about this at the same time each week. Just talk about some things as we are now. You will do most of the talking. We'll see if together we can work something out, if you would like to do that.

John: Okay. I'll come and talk.



## Appendix XI (a)

### Extended Fieldwork placements: Analysis and discussion of (non-empirically verifiable) results of Attitude Inventory

#### I. Attitudes to Hospitals

As in the previous analysis of data for this inventory (Chapter IV) we shall consider any score falling in the middle range 3.50 - 4.50 as indicating a 'Don't Know' position. On this basis three items fell into this range.

- 20. The prognosis for cancer patients is poor (3.91)
- 22. Major surgery is something to be feared (3.92)
- 25. Hospital staff are more interested in cure than care (4.36)

There was only one item with which the test group tended to disagree

- 29. Confidentiality is not sufficiently respected regarding the personal affairs of patients (5.33)

There was a tendency for the test group to agree with the other six items in this category. The scores of the control group were broadly similar except that item 20 just fell into the disagree category (4.60) and item 29 just fell into the 'Don't Know' category (4.40).

When it is recalled that 9 of the 13 students in the test group and 6 of the 10 in the control group had already participated in a Practical Theology I hospitals conference, a comparison of the October scores with the P.T.I. scores is not without interest. As far as the test group is concerned, there are now only 3 items in the 'Don't Know' category instead of 5, items 20 and 22 being common to both groups. Interestingly, item 10 (Hospitals are frightening places) now enters the 'agree' category, having been categorised as 'Don't Know' both pre-test and post-test by P.T.I. Generally however we have an indication that the students come to their hospital placements with slightly more definite views about hospitals than the students who came to the P.T.I. conference.

No statistically significant changes took place in this section as a result of the course. However if we look at these items in which there was a movement of at least one full point on the seven-point scale several interesting facts emerge. Thus:-

Item 23. Doctors do not generally give sufficient attention to patients beliefs and values

On this item the test group moved from 3.27 → 4.45 (control group 3.2 → 3.50) i.e. the test group came to have a more favourable view of doctors in this respect. This however was one item in which there was an interesting difference between the general and the psychiatric hospital placements.

	<u>Oct.</u>	<u>May</u>
Students in general hospitals (N = 8)	2.86	4.00
Students in psychiatric hospitals (N = 5)	4.00	3.50

Another item which separated the students in the general hospital placements from those in the psychiatric hospital was item 25.

25. Hospital staff are more interested in cure than care

Students in general hospitals	4.14	→	2.86
Students in psychiatric hospitals	4.40	→	4.60

Thus while the students in general hospital placements tended to move towards the view that doctors do give sufficient attention to patients beliefs and values they also tended to see hospital staff as being more interested in cure than care.

## II. Conceptions of Ministry

Whereas with the Practical Theology I class, four items fell into the 'Don't Know' category, now only two do so

7. The hospital chaplain should regard himself primarily as a representative of the Church (4.18) (control group 4.60)
27. In counselling a dying patient the main role of the pastor is to offer forgiveness of sins in Jesus Christ (4.40) (control group 5.30)

Of these two, only item 27 was classified as 'Don't Know'

by the P.T.I. class, item 7 being one with which the junior class had tended to agree.

The present group of students tended to disagree with only one item which had been categorised as 'Don't Know' by the P.T.I. class.

11. The hospital chaplain is too identified with the hospital staff (5.08) (Control group 4.00)

There was a tendency to agree with all other seven items in this section, showing once again a general tendency on the part of the more advanced students to begin the academic year with more definite attitudes.

The single item which showed significant change between October and May came from this section

38. In the face of human suffering it is sometimes difficult to speak a specifically Christian word (2.92  $\rightarrow$  2.15  $p < 0.05$  (Wilcoxon))

We must however treat this result with great caution since the control group moved by a similar amount (3.50  $\rightarrow$  2.80)

Once again, there were two items which showed interesting differences between the students working in general hospitals and those placed in the psychiatric hospital.

38. In the face of human suffering it is sometimes difficult to speak a specifically Christian word.

Students in general hospitals 3.76  $\rightarrow$  7.38

Students in psychiatric hospitals 2.20  $\rightarrow$  1.70

27. In counselling a dying patient, the main role of the pastor is to offer forgiveness of sins in Jesus Christ

Students in general hospitals 3.71  $\rightarrow$  5.00

Students in psychiatric hospitals 4.40  $\rightarrow$  4.75

It is interesting to note that once again what movement there is is on the part of the students in the general hospitals and that this movement is much more like that of the liberal students in the P.T.I. class than that of their more conservative colleagues.

### III. Attitudes to Psychiatry

The pre-test scores in this section were not markedly different from those for the P.T.I. class only an item differing in pre-test categorisation

24. If spiritually healthy, then mentally healthy  
(4.27)

This item, with which the P.T.I. class of 1975/76 disagreed - but only just (4.61) - was classified as 'Don't Know' by the senior students and also by the P.T.I. class of 1977/78 (4.05). However all the cohorts of students involved in this research moved towards the 'disagree' position - as did the control group to a much lesser extent.

No statistically significant changes took place between October and May but again the different reactions of the general and psychiatric hospital placements are interesting on certain items

24. If spiritually healthy, then mentally healthy

General hospital placements 4.00 → 4.14

Psychiatric hospital placements 4.75 → 6.50

6. Mental illness is unlike anything I have ever experienced.

General hospital placements 4.14 → 3.86

Psychiatric hospital placements 3.75 → 5.25

17. Psychiatry and social work have taken over much of what the ministry used to do in the past.

General hospital placements 2.71 → 2.86

Psychiatric hospital placements 2.50 → 4.25

18. The main difference between a minister and a psychiatrist is that the minister has a call from God.

General hospital placements 5.13 → 3.50

Psychiatric hospital placements 5.25 → 5.50

Thus while previously in the sections dealing with attitudes to hospitals and conceptions of ministry, what movement there was seemed to be coming from the students placed in the general hospitals, in this section dealing with attitudes

to psychiatry most of the change seems to involve the students placed in the psychiatric hospital, the latter becoming more reluctant to equate mental and spiritual health but more willing to see features of mental illness as part of their own experience. However while the students in the psychiatric hospital moved towards disagreeing with the view that psychiatry and social work had taken over much of the ministers traditional work, seeing a continuing distinctive role for the minister, it was the students in the general hospital who came to see the minister rather than the psychiatrist with a distinctive divine call.

#### IV. Attitudes to Ethical Issues

If the three previous sections of the inventory are characterised by fairly previously formed pre-test attitudes on the part of the more advanced students, in this section we observe the same kind of suspension of judgement regarding ethical issues as we saw in the P.T.I. class, five items in this section falling into the 'Don't Know' category.

The more advanced students tended to agree at the beginning of their course with items

- 5. Alcoholism is more of an illness than a sin (2.08)
- and 40. It is not wrong to switch off a respiratory when the patient suffers from such brain damage that he is no more than a vegetable (2.83)

and to disagree with items

- 35. In a situation of ethical uncertainty there is usually a clear Christian position. (5.09)
- 9. When the patient is in terminal stage of an illness, it is not wrong to administer a pain-relieving drug if this will hasten the time of death. (4.83)
- and 3. Contraceptives should not be so readily available to the unmarried. (6.45)

The other five group means fell into the 'Don't Know' category. No statistically significant changes were recorded over the academic year, though on two items there was a movement of at least one full point on the seven-point scale, the group as a whole tending to move toward disagreement with the use of pain-relieving drugs in terminal care if this hastens the time of death (4.83 → 5.83) and with the proposition that



contraceptives should not be so readily available to the unmarried (6.45 → 5.27)

Two items appeared to separate the general or psychiatric hospital placements.

9. When a patient is in the terminal stages of an illness, it is wrong to use pain-relieving drugs if this will hasten the time of death.

General hospital placements 5.13 → 5.50

Psychiatric hospital placements 4.20 → 6.00

16. Medical experimentation on a patient with no direct therapeutic benefit for him is justified on the grounds that others may benefit.

General hospital placements 3.43 → 3.71

Psychiatric hospital placements 4.50 → 5.60

We note with a degree of surprise which perhaps makes us even more cautious of accepting these results as even indications of what might be happening, that on these two issues which are far more likely to be encountered in the general rather than in the psychiatric hospital it is the students working in the psychiatric hospital rather than the general hospitals who appear to be changing attitudes.

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One further piece of interesting information emerges from the above data. In the P.T.I. class of 1975/76, the liberal and conservative students differed from one another at a statistically significant level on 13 items. A comparison of the scores of the students in fieldwork placements with the scores of these two groups is informative. In the following tables the scores of the control group are given in brackets.

TABLE 47

Attitude Inventory : Comparison of scores of Extended  
Fieldwork placements with Liberal and Conservative  
Scores of Practical Theology I Class

		Fieldwork placements		Liberals 1975/76		Conservatives 1975/76	
		Oct	May	March	April	March	April
I	22	3.92 (3.80)	4.00 (3.60)	4.16	4.00	3.33	3.41
II	33	1.62 (1.80)	1.69 (2.06)	2.08	1.58	1.42	1.83
	37	2.15 (2.10)	1.12 (2.50)	2.16	1.75	3.75	3.25
	27	4.46 (5.30)	5.38 (5.20)	4.46	4.33	3.08	2.50
	38	2.92 (3.50)	2.15 (2.80)	2.25	2.58	1.83	1.83
III	4	2.27 (2.20)	2.45 (2.70)	2.58	2.58	1.83	1.83
	15	5.54 (5.60)	6.23 (5.60)	5.75	5.91	4.50	4.08
IV	5	2.08 (1.70)	1.75 (2.70)	1.42	1.42	3.08	4.37
	34	3.85 (4.00)	3.71 (4.00)	3.60	5.20	4.60	4.80
	16	3.83 (4.50)	4.50 (4.00)	3.33	3.42	4.66	4.08
	40	2.83 (3.30)	2.83 (2.40)	3.00	2.83	4.17	3.25
	35	5.09 (5.10)	5.55 (4.90)	5.60	5.60	4.40	4.58
	3	6.45 (6.20)	5.27 (6.00)	5.08	5.00	2.50	3.17

What emerges from an examination of these figures is that the attitudes of the students undertaking fieldwork placements is much closer to the liberal than the conservative positions on items 22, 27, 38, 15, 5, 34, 35, and 3, with the other five items more difficult to be definite about though clearly not indicating a conservative position. Thus it would appear that the students who came to undertake an advanced course in pastoral care and counselling are much more similar in attitudes to the liberal students of the P.T.I. class than to the more conservative students in that same class.

Appendix XI (b)

Further discussion of the relationship between Personality  
factors and counsellor response

As noted on page 233 some of the data obtained regarding the influence of personality factors upon counsellor response, though not statistically significant was not without interest. Two issues are of particular interest.

(a) Personality factors affecting CHANGE in counsellor response

Table 43 (page 244) demonstrated the main correlation between personality and counsellor response. We obtain a clearer picture of what is happening however if we divide the students in 'Above average' and 'Below average' for certain personality scores, and observe what happens to certain of the counselling responses for these sub-groups between October and May.

TABLE 48

Relationship between Personality factors and  
counsellor response

Con v D			Realism v IF		
	Oct	May		Oct	May
Hi-Con	9.20	10.20	Hi-Real	11.17	16.33
Lo-Con	7.13	4.00	Lo-Real	12.71	21.86
Real v D			Real v 'Coldness		
	Oct	May		Oct	May
Hi-Real	6.33	6.83	Hi-Real	10.67	11.50
Lo-Real	8.15	5.71	Lo-Real	9.85	34.57
CO v D			CO v I		
	Oct	May		Oct	May
Hi CO	8.50	5.17	Hi CO	34.00	34.33
Lo CO	6.00	8.57	Lo CO	36.43	36.71

If we consider the two conservatism scales, we see that for the students who scored high on these scales, their tendency to use Direct Guidance increased while for the students who scored low, their Direct Guidance scores decreased. Similarly there was an increase in the 'Coldness' scores for the more conservative group of students while there was a substantial decrease in this category for the less conservative students. On the other hand while both the 'Above average' and 'Below average' groups on the Conservative scale showed an increased Interest in Feelings, this was much greater for the less conservative group. When we come to examine the influence of Complexity on training we find that while the more complex students decreased in their tendency to offer Direct Guidance, the less complex group reacted in exactly the opposite way. Thus there would appear to be some slight evidence, which is not statistically significant, that after training, the more conservative students become more directive and less interested in feelings, while the less conservative students react the other way, i.e. they become more interested in feelings. On the other hand the more complex students move towards offering less direct guidance.

(b) The Neuroticism Factor

Neuroticism according to the Manual of the E.P.I., is a measure of anxiety. No significant correlations were obtained for this factor but there is some indication that Neuroticism may be linked with Questioning (C.R. = 0.49, S = 0.09) and with change in the use of this category (C.R. = 0.49, S = 0.11). The assumption underlying the Pearson Correlation Coefficient is that there is a linear relationship between the variables, and we have already suggested that this is not so when we consider the effect of anxiety on counsellor response, it being postulated that there is an optimum range of anxiety within which change can take place. The test group was therefore sub-divided into three sub-groups, the dividing line being half of a standard deviation on either side of the group mean for the Neuroticism scale. Sub-group means were calculated for the primary and combined categories of counsellor response. While again the results are obviously of no statistical significance, the sub-groups being too small, some interesting data emerges from this grouping of subjects in that in some instances one of the sub-groups moved in a different direction from the other two. This data is set out in Table 49.



TABLE 49

Relationship between Anxiety and Counsellor Response

	Low Anxiety (N = 4)		Medium Anxiety (N = 5)		High Anxiety (N = 4)	
	Oct	May	Oct	May	Oct	May
S	8.50	5.75	8.20	10.40	7.25	5.25
IS	6.00	3.00	7.60	3.00	3.50	6.25
TG	4.75	4.75	5.20	5.20	2.00	2.00
M	18.25	16.50	14.40	17.00	16.75	14.75

We find that students in the middle range of anxiety differ from the two extreme groups in the after training they make more use of silence and minimum response categories, while the high and low anxiety groups use these categories more. We also find that after training the group displaying the highest level of anxiety differs from the other two groups in that they then are more inclined to ask questions while the lower anxiety groups both use the Questioning category less than at the beginning of the course.

Thus the effect of anxiety upon training is complicated but there does seem to be some very slight evidence to support Klink's contention that there is an optimum range of anxiety in which change can take place as a result of clinical pastoral training. However, it must be emphasised that the numbers involved in our sub-groups are very small indeed and these results merely suggest an issue for further research.

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